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THE CAMPAIGN
AGAINST
TUBERCULOSIS
IN
THE UNITED STATES

INCLUDING
A DIRECTORY OF INSTITUTIONS
DEALING WITH TUBERCULOSIS IN
THE UNITED STATES AND CANADA

COMPILED UNDER THE DIRECTION OF
THE NATIONAL ASSOCIATION FOR
THE STUDY AND PREVENTION OF
TUBERCULOSIS

BY
PHILIP P. JACOBS

NEW YORK
CHARITIES PUBLICATION
COMMITTEE . . . MCMVIII

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1908

TABLE OF CONTENTS

	PAGE
Introduction,	v-viii
Sanatoria, Hospitals, and Day Camps for the Treatment of Tuberculosis in the United States and Canada,.....	1-143
Hospitals for the Insane Making Special Provision for their Tuberculous Patients in the United States,.....	145-160
Penal Institutions Making Special Provision for their Tuberculous In- mates in the United States,.....	161-169
Dispensaries and Clinics for the Special Treatment of Tuberculosis in the United States and Canada,.....	171-219
Tuberculosis Classes in the United States,.....	221-231
Associations and Committees for the Study and Prevention of Tuberculosis in the United States and Canada,.....	233-322
Typical Forms of Organization of Associations in the United States,	323-344
Legislation Affecting Tuberculosis in the United States,.....	345-414
Typical Laws,.....	415-442
Appendix,.....	443-448
Index,.....	449-467

INTRODUCTION

The development of the anti-tuberculosis activity in the United States during the last ten years has been so rapid and the extension of its field so varied that the need of a comprehensive survey of the work is obvious. A similar situation was met in 1904 by the appearance of the "Directory of Institutions Dealing with Tuberculosis" compiled by Miss Lilian Brandt and published by the New York Charity Organization Society in coöperation with the National Association for the Study and Prevention of Tuberculosis. The present volume includes a revision of that Directory as an important section of its contents. As in the case of its predecessor, every effort has been made to exclude all private institutions of undesirable character, but inclusion is not to be understood as a recommendation or indorsement.

The meeting of the International Congress on Tuberculosis in Washington, with the consequent focusing of attention upon the campaign against the disease in this country, affords a favorable opportunity for reviewing in detail the achievements of the past few years, and the National Association now presents this volume.

The book has been made possible through the generous coöperation of the Russell Sage Foundation, which has supplied the necessary funds for its preparation and publication. The National Association welcomes the opportunity of expressing its grateful appreciation of the Foundation's assistance, not only in this, but in other lines of its work.

The campaign in the United States is usually dated, and with justice, from the foundation in 1885 of the Adirondack Cottage Sanitarium at Saranac Lake by Dr. Edward L. Trudeau. This practical application of the therapeutic and pathological discoveries in various quarters in Europe has served both as a stimulus and a model for the public and

INTRODUCTION

private foundations for the treatment of tuberculosis which have since appeared on every hand.

The growth of the movement for sanatorium establishment is strikingly shown in the following pages. Since the modest beginning at Saranac, these institutions have sprung up in all parts of the United States, until there are now nearly two hundred and fifty special sanatoria or hospitals, and the announcement of provision for a new public or private institution is of almost daily occurrence.

For various reasons it has been the sanatorium, with its promise of restoration of patients to wage-earning capacity, that has appealed with effective force to legislators as well as to private philanthropy. The still more important fields of the dispensary and the hospital for advanced cases, with their peculiar educational and preventive influences, have not, until the last two years, attracted the attention they deserved. Even now it is only the dispensary which has come into prominence, and the provision for advanced and hopeless cases remains the distressing lack in our equipment against the disease.

A glance at the statistical summary of dispensary foundations will show that of one hundred and fifty-eight in existence at this writing, one hundred and twenty-three have been established during the past nineteen months, and the near future will doubtless see these facilities for early diagnosis and preventive education flourishing in practically every center of population in the country.

The recognition of the fundamental importance of adequate provision for advanced cases, with the consequent diminution of possible centers of infection, is by no means so general. The active campaigns of education, however, which are now progressing in so many States under competent leadership, invariably demand this increase of special hospital facilities as an essential feature in their programs, and there seems no reason to doubt that results as promising as those in the sanatorium and dispensary fields will soon be forthcoming.

On the official side, the activity against tuberculosis may be said to date from 1904, when the Department of Health of New York City, after a period of preliminary study and observation lasting for seven years, adopted a series of resolutions designed to assist in its aims for the suppression of the disease. The most vital of these resolutions

INTRODUCTION

involved the reporting of certain classes of cases of tuberculosis. In 1897 the Sanitary Code was amended to make the notification of pulmonary tuberculosis compulsory, and since then the extension of the municipal campaign thus inaugurated into the fields of treatment and education has been constant and effective.

Practically all the larger cities of the United States have now adopted notification regulations and provide for the free examination of sputum, although it must be admitted frankly that the enforcement of these rules in most communities leaves much to be desired. In certain States it will be noticed that State legislation has been and is being enacted which, containing, as it does, notification as well as other preventive provisions, will do much to stimulate the activity of laggard communities.

The last field to call for special comment is that of education, and while less susceptible than the others of numerical summary or satisfactory description, it is here that probably the most important progress has been made in this country.

The Pennsylvania Society for the Prevention of Tuberculosis has the honor of priority in the movement for organization of voluntary associations for educational and preventive work in the tuberculosis field. Founded in 1892, it has after years of quietly persistent work recently taken on new activity and is carrying on a vigorous crusade throughout the State.

Another organization of especial moment was the formation in 1902 of the Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York City. Working hand in hand with the Department of Health, it has pursued its task of research, education, and relief with a vigor and resource which have made it a model for other local organizations on every side.

With the growth of the popular interest in the problem and the independent undertakings that were showing themselves in different parts of the United States, the need of a national body of authority came to be keenly felt. To this end the initiative was taken by a number of the leading physicians of the country, and, following a series of conferences during the winter of 1904, the National Association for the Study and Prevention of Tuberculosis was formally established at a

INTRODUCTION

meeting in Philadelphia in March, and the organization complete in June of that year, at the time of the meeting of the American Medical Association at Atlantic City.

Since that time the work of organization along State and local line has been pushed in every direction, until at the present time there are not less than one hundred and ninety-five special associations for the prevention of tuberculosis affiliated with the National Association. The results of this organized effort are best expressed in the detailed content of this volume. The extraordinary growth of the past year, not only in means and measures of fighting the disease, but in intelligent interest in the problem, would indicate that the near future will see a realization of official responsibility, local, State, and national, which with the cooperation of an aroused and instructed public will bring about the diminution in the death-rate toward which all the energies described in the following pages are directed.

LIVINGSTON FARRAND,
Executive Secretary

NEW YORK, August 1, 1908.

**SANATORIA, HOSPITALS, AND DAY CAMPS
FOR THE TREATMENT OF
TUBERCULOSIS
IN THE
UNITED STATES AND CANADA**

SANATORIA, HOSPITALS, AND DAY CAMPS FOR THE TREATMENT OF TUBERCULOSIS

**IN THE
UNITED STATES AND CANADA**

INTRODUCTORY NOTE

The expansion in the scope of institutional treatment of tuberculosis makes this section more than a catalog of sanatoria. The day camp, the school camp, the night camp, the temporary hospital, open only part of the year, the general hospital and almshouse, making special provision for tuberculosis—these are all included in this section. Each variety of work is, however, plainly indicated. The dates in parentheses after the names of the sanatoria indicate, as a rule, the date when the institution was opened. Unless otherwise stated, the institution may be considered as solely for the treatment of tuberculosis.

The institutions are arranged alphabetically under their separate States, the only exception being that the State sanatoria are listed first in each case.

Hospitals for the insane and penal institutions making special provision for tuberculosis are treated in separate sections.

ALABAMA

State Sanatorium:

The Legislature of 1907 passed an act providing for the establishment of a State sanatorium, and appropriated \$40,000 for the main building of the sanatorium and \$10,000 for maintenance.

In 1908 Governor Comer appointed a board of five trustees, who

SANATORIA

ALABAMA, ALASKA, ARIZONA

will select the site, erect and manage the sanatorium. The Board consists of Dr. Glenn Andrews, of Montgomery; Dr. B. L. Wymann, of Birmingham; Dr. George T. McWhorter, of Riverton; Dr. H. Marbury, of Birmingham, and Hon. H. F. Reese, of Selma.

ALASKA

HAINES

Charity Hospital of the Presbyterian Mission (December 12, 1907):

For advanced cases only.

Capacity: 16.

There are no charges.

Superintendent: Rev. A. F. McLean.

Medical Director: Captain Paul C. Hutton, Medical Corps, U. S. A.

This hospital is not only an institution where sick patients are treated, but is a center for the education of the native Indians. While it was erected primarily for tuberculosis, other diseases are treated, when there is room. Owing to the large amount of tuberculosis, 50 per cent. of the natives being afflicted, only advanced cases are received, and only the native Indians are admitted.

Efforts were made in 1908 to induce Congress to give some support to an educational movement among the natives, but without success.

Applications should be made to the medical director.

ARIZONA

PHOENIX

Palm Lodge (1903):

For incipient cases only.

Capacity: 25.

Rates: \$4 per day; \$25 per week; \$100 per month.

Superintendent and Resident Physician: Dr. Henry H. Stone.

SANATORIA

ARIZONA

Palm Lodge, situated two miles outside of Phoenix, at an elevation of 1150 feet, is easily accessible by trolley.

Application for admission should be made to the superintendent.

St. Joseph's Hospital (1893):

Not exclusively for the treatment of tuberculosis, but cases of consumption are received at any stage of the disease and cared for in separate wards and rooms.

Capacity for consumptives: 35.

Rates: \$16 to \$20 per week; there is no provision for free treatment, but exceptions are occasionally made in cases of poverty.

No resident physician, but there are fifteen on the visiting and consulting staff.

The hospital is in charge of the Sisters of Mercy and is supported by fees from patients. It is a large brick building, surrounded by attractive grounds, five blocks outside of the city proper.

Application for admission should be made to the Sister Superior.

St. Luke's Home (December 27, 1907):

For all classes of tuberculous patients.

Capacity: 15.

Rates: \$12 per week and down, according to patient's financial condition. Have one free bed.

Superintendent: B. R. Cocks.

Resident Physician: Dr. John W. Foss.

This Home was established by the Right Reverend J. W. Hendrick, Bishop of Arizona and New Mexico in the Protestant Episcopal Church. It is well located in the desert two miles from Phoenix. It is intended to provide a refuge for the stranded health-seeker.

Applications should be made to the Rev. J. W. Atwood, Treasurer, Phoenix, Arizona.

PRESCOTT

Pamsetgaaf, Among the Pines (May 1, 1903):

For pre-tuberculous and incipient cases only.

Capacity: 15.

SANATORIA

ARIZONA, CALIFORNIA

Rates: \$20 per week and upwards.

Superintendent: Dr. John W. Flinn.

Pamsetgaaf is a quiet health resort among the pines of northern Arizona. It is not a sanatorium, but a hotel conducted especially for those seeking rest or health. Its aim is to give an absolutely out-of-doors life, with good food, all the comforts of home, and no "roughing it."

Its guests are cared for in small cottages or in tent-houses, both of which are built with large verandas.

Application should be made to the superintendent.

TUCSON

St. Mary's Hospital (tuberculosis annex opened in December, 1900):

All stages of pulmonary tuberculosis are admitted, and are cared for in a separate building, called St. Mary's Sanatorium.

Capacity: 30.

Rates: \$15 per week; arrangements are made to receive free of charge a few patients unable to pay anything.

There is no resident physician.

The location is two miles from the city, at an altitude of 2400 feet. The tuberculosis sanatorium is a brick building built around an open court, with a porch on both sides. There are no wards. Each patient's room is 17 by 14 feet and has two windows and a double door. The institution is under the charge of a Roman Catholic sisterhood, the Sisters of St. Joseph.

Application should be made to the Sister Superior.

CALIFORNIA

ALTADENA

Esperanza, a sanatorium for bronchial and pulmonary affections, conducted by the Altadena Health Resort Company (February, 1903):

All stages of consumption are received.

SANATORIA

CALIFORNIA

Capacity: 50.

Rates: \$25 per week.

General Manager: Dr. F. C. Melton, Los Angeles.

The Altadena Health Resort Company has established this sanatorium on a tract of 160 acres, half a mile east of Altadena, which may be reached from Pasadena by electric car in twenty minutes. On the north the place is protected by a semicircle of mountains, while it is open to the south and west, commanding a wide view of the San Gabriel Valley. The altitude is 1800 feet. A central building contains offices, dining-room, and parlors. Most of the patients live in tent cottages. The lighting is by electricity and all the buildings are connected by telephone.

Application should be made to Dr. F. C. Melton.

LA MESA

The Parks Sanatorium (December 1, 1905):

For all cases of tuberculosis which can be benefited or arrested by treatment.

Capacity: 20.

Rates: \$25 per week and upward.

Medical Director: Dr. J. A. Parks, 305 Granger Building, San Diego.

The Parks Sanatorium is located eleven miles east of San Diego—fifteen miles from the ocean—on the San Diego, Cuyamaca & Eastern R. R., overlooking San Diego, Point Loma, and the bay.

The Sanatorium grounds consist of twenty-five acres, under irrigation, and at present producing many of the fruits used. Later, an experienced gardener will have charge, and all fruits, berries, and vegetables, as well as dairy products, will be furnished direct from the farm. The buildings consist of one central building, one cottage, and a number of tent cottages.

Application should be made to the medical director.

LOS ANGELES

The Barlow Sanatorium (incorporated September, 1902):

For consumptives who have been residents of Los Angeles County

for at least one year and who are without the means to go elsewhere; persons in all stages of the disease have been admitted, but it is desired to receive in the future none who are bed-ridden.

Capacity: 33.

Rates: \$5 per week for those who are able to pay and for societies and associations who wish to keep patients in the Sanatorium.

This price includes everything—laundry, medicine, etc. Several are cared for free of charge.

There is no resident physician, but the three visiting physicians are within easy reach.

The plant at present consists of 25 acres of rolling land, on the Chavez Ravine Road, adjoining the large city park and surrounded by it on three sides; an administration building with detached kitchen and laundry; a one-and-a-half story dormitory for patients; and nine cottages, each containing two rooms, and one containing three rooms. It is located within the city limits, but away from car lines and buildings. The altitude is about 400 feet. Voluntary contributions and an endowment fund are practically the only source of support. Thus far no debt has been incurred and an endowment fund of \$25,000 has been secured. The average cost per week per patient during the last year was \$8.50. One hundred and six patients were cared for, and as many more made application who could not be taken.

Application should be made at the Sanatorium, or 616 Security Building, Los Angeles, California.

Los Angeles County Hospital, Tuberculosis Hospital (1888):

Receives all classes of tuberculous patients.

Capacity: 75.

Superintendent: Dr. D. C. Barber.

Resident Physician: Dr. J. M. Dunsmoore.

The County Hospital makes provision for tuberculous patients in separate wards and house tents. Patients must have been residents of the State one year.

Applications should be made to county officials or at the office of the Associated Charities.

SANATORIA

CALIFORNIA

MENTONE,

The Mentone, Sanatorium for Diseases of the Lungs and Throat, Redlands, California (1903):

Capacity: 50.

Rates: \$12.50 per week and upward for board and medical attendance.

Resident Physician: Dr. Fred J. Koepke.

Visiting Physicians: Dr. Hoell Tyler, Dr. S. Y. Wynne, Dr. G. G. Mosely, all of Redlands.

This sanatorium is situated on the outskirts of the city of Redlands, at an altitude of 1750 feet above the level of the sea, and is surrounded on three sides by lofty mountain peaks. It is distant 80 miles from the ocean, outside the fog and dust belt, and enjoys a natural drainage secured by a declivity of the soil of 150 feet to the mile and porous gravel 200 feet in depth.

Application should be addressed to A. R. Schultz, Manager.

MONROVIA

The Pottenger Sanatorium for Diseases of the Lungs and Throat (December, 1903):

For the treatment of cases of pulmonary and laryngeal tuberculosis which offer a fair chance of material or permanent improvement; patients are not desired in whom the disease is so far advanced that their condition will discourage those who are in the early stages.

Capacity: 86.

Rates: \$32.50 to \$52.50 per week, which includes board, room, professional services, ordinary nursing, and all medicines prescribed by the attending physicians. There are no extras, unless a special nurse should be required.

Medical Staff consists of: F. M. Pottenger, A.M., M.D., Chas. C. Browning, M.D., Medical Directors; J. E. Pottenger, A.B., M.D., Chief of Laboratory; and Dr. Boardman Reed, Consulting Gastro-enterologist. Two assistant physicians.

The entire medical staff except Dr. Reed live at the institution and give their constant personal attention to the patients.

This Sanatorium is sixteen miles east of Los Angeles, in the foot-hills of the Sierra Madre Mountains, at an elevation of 1000 feet above the sea. Monrovia is on the main line of the Santa Fé Railway, the Monrovia and Duarte Branch of the Southern Pacific Railway, and the Monrovia and Glendora branch of the Pacific Electric Railway. The site is a natural park of 40 acres occupying an eminence of 400 feet above the town. The institution combines both the pavilion and cottage system. There are 20 rooms, all with bay-window frontage and all situated on the same side of a large corridor, thus affording thorough ventilation. There are also sixty-six individual bungalows, built after a special plan which insures the most thorough application of the open-air-life. The laboratory is thoroughly equipped for the study of the bacteriological aspects of the disease.

Application should be made to the Pottenger Sanatorium, Monrovia, Cal.

PASADENA

The Associated Charities of Pasadena is erecting a health camp for the care of indigent sufferers from tuberculosis who reside in Pasadena. A board of five trustees has been appointed and the work is being carried on by them. A site of 16 acres midway between Lenda Vista and Pasadena has been procured. It is anticipated that the first of the group of buildings will be opened by 1909.

REDLANDS

The Settlement (1901):

For needy consumptives already in Redlands, in any stage of the disease; no one from outside can be received.

Capacity: 20.

Rates: Those who are able to pay something are expected to do so, up to a maximum of \$5 per week; for the destitute, care is entirely free.

SANATORIA

CALIFORNIA

Medical Director: Dr. Gayle G. Moseley.

The Settlement is located on 40 acres of rolling land, not under irrigation, three miles from the city, at an elevation of 1500 feet. All patients live in tents, which are supplied with the ordinary conveniences. A wooden building contains the dining-room, kitchen, store-room, and bath.

Through the kindness of New York friends, there has been erected, during the past year, the Ambrose K. Ely Memorial Pavilion, which serves as an assembly and amusement room for the patients. It is equipped with sliding glass windows so that it can be closed during damp or cold weather, and the room is supplied with a library, writing material, and such games as are allowed the patients for recreation.

This sanatorium camp was established, and is maintained, exclusively for consumptives who find themselves stranded in Redlands without funds, or with insufficient money to provide themselves with proper care. It is supported chiefly by contributions, although there are county and city appropriations aggregating \$75 per month; and a small irregular amount is derived from patients' fees.

The demands of the locality absolutely prohibit the reception of patients from any other place. Residents of the town who desire to be admitted should apply to the medical director.

SAN FRANCISCO

City and County Hospital:

Receives all classes of indigent consumptives.

Capacity for tuberculous patients: 66.

Superintendent and Resident Physician: Dr. Wm. R. Door.

The Hospital is located at Ingleside, in the suburbs of the city, in a wide valley, three miles from the Pacific Ocean. Provision is made for tuberculous patients in a well-constructed ward and a special pavilion.

Application should be made to the Health Officer.

Dr. Walker's Sanatorium, 718 Broderick Street (1906):

For tuberculous patients in the first and second stages of the disease.

Capacity: 25.

SANATORIA

CALIFORNIA, COLORADO

Rates: \$25 to \$55 per month.

Superintendent: Dr. Max Rothschild.

This Sanatorium combines the hospital and dispensary treatment. After patients who come to the hospital are free from fever and able to move about, they are sent into the country near San Francisco. These patients are obliged to come to the office of the Sanatorium at least once a week.

Application should be made to the superintendent.

SAN LEANDRO

Alameda County Infirmary (1903):

Receives all classes of consumptives.

Capacity for tuberculous patients: 40.

There are no charges.

Superintendent and Resident Physician: Dr. W. A. Clark.

The Infirmary is located on a side hill in a country district, removed from any large cities. Tuberculous patients are cared for in specially constructed tents.

Application should be made to the County Superintendent of the Poor.

COLORADO

BOULDER

University Hospital, University of Colorado (October, 1908):

For all classes of consumptives.

Capacity: 12.

Rates: \$10 per week, including all expenses.

Medical Director: Dr. Alvin R. Peebles.

This sanatorium, which will be opened in the autumn of 1908, will be used primarily for teaching purposes, and will be conducted in connection with the Medical College of the University of Colorado. A variety of cases in all stages of tuberculosis will be kept at a greatly reduced rate, in order that the students may have the advantage of observing the development of the disease, and study its treatment. The buildings will be of the shack type.

Applications should be made to the medical director.

SANATORIA

COLORADO

Dr. Peebles' Sanatorium :

A private sanatorium to accommodate about thirty patients will be opened in 1909 by Dr. Alvin R. Peebles, of the faculty of the Medical College of the University of Colorado. The institution will probably be run on semi-philanthropic lines. The rates will not exceed \$20 per week for all expenses, and may be lower.

Patients in all stages of tuberculosis will be admitted.

Communications should be addressed to Dr. Alvin R. Peebles, Boulder, Colorado.

BRUSH

Eben-Ezer Mercy Institute (1904):

For incipient cases, but others are received.

Capacity: 25.

Rates: \$5 to \$10 per week. Some free beds are maintained, although none are endowed.

Superintendent: Rev. J. Madsen.

The object of Eben-Ezer Sanatorium is to furnish the consumptive who comes west with the care and comforts of a Christian home and a place where he may avail himself of the invigorating Colorado climate.

The institution is located between Brush (just outside of town limits) and Fort Morgan. Twelve acres of land are laid out for a park and afford ample room for outdoor exercise.

Application should be made to the superintendent.

COLORADO SPRINGS

Cragmor Sanatorium (June 1, 1907):

For consumptives in any stage of the disease.

Capacity: 22.

Rates: \$25 per week.

Resident Physician: Dr. J. J. Mahoney.

Medical Directors: Dr. C. F. Gardner, Dr. W. H. Swan, and Dr. H. W. Hoagland.

Cragmor Sanatorium is located about three miles from the city of

Colorado Springs, at the base of a bluff running east and west behind it, thus insuring shelter from northwest winds. The bluff is covered with pine trees, and the soil over the entire area composing the estate is of gravel and sand for many feet in depth. All rooms and porches face the south, east, and west, thus having sunshine all day.

Applications should be made to Maurice Witkind, Business Manager, Colorado Springs, Colo.

Glockner Sanatorium (began treatment of tuberculosis in 1880):

A general sanatorium, but special provisions are made for tuberculous patients in any stage of the disease.

Capacity for tuberculous patients: 175.

Rates: \$10 to \$35 per week.

Superintendent: Sister Rose Alexius.

The Glockner Sanatorium is conducted by the Sisters of Charity, but it is in no sense sectarian. A special tuberculosis annex was completed in 1908, increasing the capacity of the sanatorium for this class of patients by 100 beds. The tents and buildings are all equipped with modern improvements. A training school in connection with the sanatorium affords abundant nursing facilities.

Application should be made to the superintendent.

The Nordrach Ranch Sanatorium (1901):

For all classes of consumptives except the far advanced.

Capacity: 60.

Rates: \$65 to \$75 per month, which includes everything except personal laundry.

Medical Directors: Dr. John E. White and Dr. August L. Heine.

Nordrach Ranch, located at an altitude of 6000 feet, is protected on the north by Austin Bluffs, and has in front an uninterrupted view of Colorado Springs, three miles distant, and the range of mountains.

The central building is of red stone and contains twenty-four rooms, six of which are reserved for patients who may temporarily need hospital care. The ordinary sleeping apartments for the patients are octagonal tents, communicating directly with the nurses' tent by electric bells. Practically all the time is spent in the open air. The resident physician

sees each patient at least twice a day and the physicians in Colorado Springs are always available for consultation.

Applications should be made to Dr. John E. White.

Union Printers' Home (1898):

All classes of consumptives are received.

Capacity for tuberculous patients: 80.

All beds are free.

Superintendent: Charles W. Deacon.

Visiting Physician: Dr. D. I. Christopher.

The Union Printers' Home is for the care of disabled members of the International Typographical Union. The Home has a capacity of 180 beds and receives all kinds of sick members. In the Tuberculosis Annex there are 80 beds. This building was opened in 1898.

On an eminence overlooking Colorado Springs and the surrounding plains stand the Home buildings, facing west. To the west, the land slopes down to the city, and to the southwest, to Prospect Lake. To the south and east, the land inclines to a dry creek. The soil is dry and loose, but produces abundantly when properly irrigated.

The main building is 144 feet long by 44 feet wide, with a wing to the rear of the north end 20 by 40 feet. The hospital annex is located just south of the main building, covering a space of 50 by 90 feet, and was originally but two stories in height. The demands for admission to this building having outgrown its capacity, another story was added in 1903.

Any member in good standing of a subordinate union of the International Typographical Union, who has been such for five continuous years, may apply for admission. His application must be made upon the form provided by the trustees, be indorsed by the union with which he is affiliated, and must set forth, by a physician's certificate, his physical condition at date of application.

Consumptives' Sanatorium of the Modern Woodmen of America:

This large organization of nearly a million members has purchased a tract of 1000 acres near Colorado Springs, and expects within a short time to erect a sanatorium for members of the Modern Woodmen of America who are afflicted with tuberculosis.

DENVER

The Agnes Memorial Sanatorium (September, 1904):

Exclusively for early cases of pulmonary tuberculosis; when accommodations are limited, preference will be given to candidates from western Pennsylvania.

Capacity: 150.

Rates: \$9 to \$12 per week, which includes medical attendance and ordinary nursing.

Superintendent and Medical Director: Dr. G. Walter Holden.

This Sanatorium was erected by Mr. Lawrence C. Phipps, of Pittsburgh, as a memorial to his mother. There are seven buildings—a three-story administrative building, an infirmary, two pavilions, a power-house—all in the old Spanish Mission style of architecture, and two open-air pavilions.

In the administration building are the reception room, board room, offices, dining-rooms, and kitchen, besides a library of 1500 bound volumes for the use of the patients. In this building also are the quarters of the administrative staff and attendants.

The medical building contains on the first floor, besides a very complete laboratory and treatment rooms, reception and consultation rooms. The second floor is devoted entirely to an infirmary, which is provided with a well-equipped operating room. There are two pavilions, one for men and the other for women, opening upon wide porches, divided by canvas partitions for sleeping purposes.

The power-house furnishes electricity, ice and refrigeration, together with power for an electric laundry. Sputum, garbage, and sweepings are disposed of in a special device for cremation.

The grounds include 160 acres of dry, sandy soil on the plains east of Denver, at the highest elevation near the city, about 5400 feet. The distance from the heart of the city—over seven miles—and the extent of the estate, insure against smoke and dust. The Sanatorium is at Sixth and Quebec Streets, reached from Denver in thirty minutes by electric cars.

Application should be made to Dr. G. Walter Holden, Montclair Station, Denver.

The Association Health Farm (May, 1903):

Especially for early cases of pulmonary tuberculosis, but also for others in need of outdoor life. For young men of limited means who have a good prospect of recovery.

Capacity: 50.

Rates: \$28 per month if able to live in tents; \$32 in pavilion.

Light work in partial payment of this charge is provided for some, but cannot be assured to any man unless his physical condition and the resources of the Farm permit. An effort is being made to establish definite work along mechanical lines (such as assembling), which could be done without injury to health and under favorable surroundings.

Resident Physician: Dr. H. S. Candy.

This Health Farm originated in the experience of the Colorado Young Men's Christian Association in dealing with the problem of finding suitable places for the young men who go to Colorado from all parts of the country in search of health. Funds for the execution of the plan to its present stage have been provided by friends in various parts of the country, the principal gifts having been made by Mr. and Mrs. David Brothers and Dr. E. P. George. At the present time an endeavor is made to raise sufficient funds to establish a permanent equipment in all necessary lines, and to secure by yearly subscriptions an income sufficient for current needs, as the amount charged does not cover actual cost.

The Farm consists of 34 acres of cultivated land, planted in fruit trees, with considerable space devoted to small berries and vegetables, which are used on the Farm table. There is also a dairy and a small poultry equipment. The Farm is located two miles beyond the Denver city limits at an elevation of about 5400 feet above sea-level, where the air is never polluted by city smoke. The improvements include an administration building, forty cottage tents, water tower and observatory, machine shop with pump for artesian well, a pavilion (or lean-to), stables, steam-heating and electric light, and a large assembly tent with library and current magazines and newspapers.

Inquiries should be addressed to the Resident Secretary, R. F. D. Box 30, Edgewater, Colorado.

The Home (an Episcopal Church home) (September, 1894):

"The only requirements for admission are that a person is worthy of a Christian home and presents a good chance of being benefited by the climate, and presents a letter from some clergyman or from some one the superintendent knows."

Capacity: 150.

Rates: From \$25 a month to \$25 a week according to service.

There is no resident physician.

The Home comprises seven buildings: St. Andrew's House for men; Grace House for mother and son or husband and wife; Emily House for women; Heartsease for the very sick; The Mrs. Charles L. Adams Memorial House; the Nurses' Home, and the Chapel of Our Merciful Saviour. These cover nearly two blocks of land, and are connected by glass-covered porches. The Home is ten minutes' ride by three car lines to the Denver post-office, and is so situated that it commands a view of the entire city, the plains for hundreds of miles, and the Rockies for one hundred and fifty miles. It is under the direct ownership and management of the Episcopal Church of the Diocese of Colorado.

Application should be made to Rev. Frederick W. Oakes, Superintendent.

Mrs. Lare's Tent Sanatorium (1901):

For consumptives in any stage of the disease.

Capacity: 33.

Rates: \$1 per day and up according to nursing and care required.

One free bed is maintained.

Superintendents: Mrs. M. W. Lare and Mr. W. L. Bradburn.

There is no resident physician.

This sanatorium is located about $2\frac{1}{2}$ miles from the Denver post-office, well outside of the dust and smoke of the city. Eighteen beds are in tents, and fifteen in a new two-story building.

Applications should be made to Mrs. M. W. Lare, 4633 Bert Street, Denver, Colo.

The National Jewish Hospital for Consumptives (1899):

For indigent consumptives in whose cases the prognosis is fair or good.

Capacity: 135.

No charges, and no distinctions on account of creed.

Medical Advisory Board, all of Denver: Dr. John Elsner, Chairman; Drs. Robert Levy, S. Simon, M. Kleiner, G. R. Feil.

Local Staff consists of thirty-three visiting physicians.

Auxiliary Staff consists of physicians in every city of importance in the country.

The National Jewish Hospital for Consumptives is situated about 5200 feet above sea-level in the highest section of Denver within the limits of the city.

The Hospital consists of an administration building, in which, in addition to the library, reception-rooms and drug-room, offices of superintendent and assistant, there are two twelve-bed wards, operating-rooms and chemical and bacteriological laboratory, and apartments on the third floor for housekeeper, head nurse, and staff of nurses.

The Guggenheim Pavilion, erected in 1903, is built on the pavilion plan; has rooms for about thirty-five patients, together with diet kitchens and an octagonal solarium.

The Woman's Pavilion, which completes the quadrangle, is modeled on the latest pavilion plans. The sixteen-bed wards are circular.

On the lower floor a wide portico gives ample room to place the beds in the open. On the upper floor the circular ward contains smaller porticos, which provide opportunities to place all beds half in the open air. Back of the circular ward is the circular solarium and rest room. The pavilion also contains a number of private rooms for patients. There are needle-baths, shower-baths, up-to-date wash-rooms in all of the buildings. A chapel is located back of the Woman's Pavilion. Laundry and adjacent buildings have recently been added. The dining-hall, which seats one hundred and thirty-five patients, has been remodeled. Superintendent's house occupies a corner of the grounds.

Hospital founded and maintained by Jewish people of United States.

Application for admission can be made through directors of the Jewish Charities in all of the larger cities of the country. Each application must be accompanied by a guaranty that the patient shall not become a charge upon the community of Denver after he leaves the Hospital, and that his return transportation will be given in case of need.

SANATORIA

COLORADO

The Robinson Sanatorium (Montclair P. O.) (1907):

For all classes of tuberculous patients.

Capacity: 15.

Rates: \$15 to \$35 per week.

Directors: The Misses Grace and Jessica Robinson.

There is no resident physician.

The Sanatorium is equipped for the treatment of tuberculosis. The directors are both trained nurses. Regular physicians are in constant attendance.

Application should be made to the directors.

The Sunlight Sanatorium, 2727 W. 33d Avenue (1905):

For all classes of consumptives.

Capacity: 20.

Rates: \$8 to \$10 per week; \$5 a week extra for bed patients.

Superintendent: Dr. M. W. Page.

This Sanatorium is located in the outskirts of Denver, removed from the smoke of the city. Six different car lines run within a block of the Sanatorium.

Application should be made to the superintendent.

EDGEWATER

The Evangelical Lutheran Sanatorium (1905):

For all classes of consumptives.

Capacity: 33.

Rates: \$1.25 per day; \$7.50 per week; \$30.00 per month, including medical care and medicines. Some free beds are maintained, the number being fixed by the board of directors.

Medical Director: Dr. H. B. Bartholomew.

The Sanatorium is located a mile and a half from the western limits of Denver, away from the dust and the fumes of the city, and its position on the crest of a hill commands an extensive view. The tract of land which is a part of the Sanatorium property consists of 20 acres, and is largely planted in fruit trees, while a part is used for raising berries and vegetables. It is intended to have a sufficient number of cows and

chickens to supply fresh milk and eggs for the patients. Wide lawns with flower-beds, shrubbery, and shade trees surround the main building and tents. An artesian well, six hundred feet deep, furnishes the water-supply. The main building, a modern frame residence, has the dining-room, kitchen, boiler-room, and store-rooms in the basement. The reception-room, office, guests' room, bath-room, and sleeping-rooms for the matron and her assistants take up the first floor. The village of tents consists of a large assembly tent, and a group of small tents, which are the living and sleeping-rooms of the patients.

Applications should be addressed to Mr. Fred Segelke, Secretary, 128 Fox Street, Denver, Colo.

Fern Hill Sanatorium, corner W. 26th Avenue and Sheridan Boulevard (1903):

Receives both incipient and advanced cases.

Capacity: 20.

Rates: \$10 to \$35 per week.

Superintendent: Mrs. Anna H. Ralston.

Resident Physician: Dr. C. P. Conroy.

The Sanatorium is situated on the highest point of the ten acres which compose the grounds of the institution. It is within twenty minutes' ride by street-car of the Denver post-office and is equipped with all the latest improvements.

Application should be made to Mrs. Anna H. Ralston, Superintendent, Edgewater, Colo.

Sanatorium of the Jewish Consumptives' Relief Society (June, 1904):

For destitute consumptives in any stage of the disease.

Capacity: 80.

There are no charges.

Medical Superintendent: Dr. J. B. Fish.

The Jewish Consumptives' Relief Society was organized on January 2, 1904, and incorporated in June of the same year. The object of the Society is the relief of consumptives in any stage of the disease, and more particularly the maintenance of a sanatorium.

The grounds consist of 20 acres of land, on which have been erected

in the last four years nine buildings and thirty-two tents. A poultry yard, a vegetable farm, together with sufficient stock to furnish milk for the institution, are maintained.

The Society and Sanatorium are supported by contributions. There are now twenty auxiliary societies throughout the country. Several of these have built or are building pavilions at the Sanatorium.

In 1907 over two hundred and thirty cases were treated. The income during 1907 amounted to \$55,000 and the disbursements to \$56,000.

Applications should be addressed to Dr. C. D. Spivak, Secretary, 1421 Court Place, Denver, Colo.

Swedish-American Sanatorium (July, 1906):

For all classes of consumptives.

Capacity: 25.

Rates: \$6 per week; 25 per cent. of the patients are treated free, although there are no endowed beds.

Superintendent: Rev. W. F. Leufstedt.

Medical Directors: Dr. John Lindahl and Dr. C. S. Vineland.

There are thirteen physicians on the consulting staff.

While the Sanatorium is established primarily for poor Swedish consumptives, tuberculous patients of all nationalities are received. The institution is supported chiefly by philanthropic Swedish-American citizens. Literature of a preventive and descriptive nature in the Swedish language is distributed by the Sanatorium.

Application should be made to the Secretary, Dr. John Lindahl, Edgewater P. O., Denver.

ENGLEWOOD

The Swedish Consumptive Sanatorium (April 13, 1908):

For incipient cases only.

Capacity: 15.

Rates: \$6 per week. Have a limited number of free beds.

Superintendent: Miss Selina Krantz.

This Sanatorium is located upon a high knoll in Englewood, a suburb of Denver. Although the bed capacity is small at present, it is hoped soon to enlarge it.

SANATORIA

COLORADO, CONNECTICUT

Applications should be made to Dr. Chas. A. Bundsen, 1427 State Street, Denver, Colo.

LAS ANIMAS (New Fort Lyon)

United States Naval Hospital (May 4, 1907):

For consumptives in all stages of the disease who are connected with the United States Navy and are recommended by the Surgeon-General of the Navy.

Capacity: 154.

Medical Inspector: C. T. Hibbett, U. S. N., in command.

The United States Naval Hospital is situated on the north bank of the Arkansas River, five miles from the town of West Las Animas, on the Atchison, Topeka, and Santa Fé Railroad. The altitude is 3800 feet. The final plans call for an expenditure of \$500,000 on the hospital. Up to 1908 over \$200,000 has been spent.

Application for admission should be made through the surgeons of the navy. Only officers and enlisted men of the U. S. Navy and Marine Corps are eligible for admission.

CONNECTICUT

State Sanatorium:

Acting under an Act of 1907, the Governor has appointed a commission of nine members, which is now investigating conditions to see what the State shall do in the way of building sanatoria for consumptives. This commission will report in 1909. (See p. 243.)

BRIDGEPORT

Lake View Tuberculosis Pavilion (May 18, 1907):

For all classes of consumptives.

Capacity: 30.

There are no charges.

Superintendent: Merle Cowles.

The Pavilion is situated on the town farm in the outskirts of the city.

SANATORIA

CONNECTICUT

It is supported entirely by the city under the direction of the **Board of Charities**.

Applications should be made to J. V. Brennan, Superintendent of Poor. Applicant must be a resident of Bridgeport.

HARTFORD

Wildwood Sanatorium (1902):

For incipient cases only.

Capacity: 50.

Rates: \$1 per day; \$6 per week. Ten private rooms at \$10 to \$15 per week are maintained.

Superintendent: Dr. Winford H. Smith.

Resident Physician: Dr. W. B. Bartlett.

The Wildwood Sanatorium is a branch of the Hartford Hospital. It is located, however, away from the hospital proper on a little plateau three miles from the city hall.

The location is protected on the west and southwest by a grove of cedar and fir trees, while to the north and east a view of the city and surrounding country is obtained.

The building, which has a southern exposure, is of wood with brick and stone foundation and consists of a central or administration portion and two wards. Extending the whole length of each ward is a veranda thirty feet deep. Half of the veranda roof is of glass. The patients sleep out of doors winter and summer, the beds being rolled out on the veranda after they have retired.

In addition to the work done at the Sanatorium, the Hartford Hospital reserves two wards with about thirty-five beds at its central institution for advanced cases.

Applications should be made to the superintendent at the Hartford Hospital.

MERIDEN

The Undercliff Sanatorium (1908):

For advanced cases and for incipient cases while awaiting admission to another sanatorium.

SANATORIA

CONNECTICUT

Capacity: 12.

Rates: \$2 per week.

This institution is a result of the work of the Meriden Anti-Tuberculosis Association. It will be opened some time during 1908. The town of Meriden has allowed the Association the use of an old almshouse which had been abandoned. This is being converted into quarters for at least twelve patients.

The Association does not expect to provide for any but local cases.

The Sanatorium is located in the outskirts of the city on a plateau, protected by high cliffs from cold winds. The elevation is 300 feet above the level of the city.

Applications should be made to Albert P. Dossin, Secretary of the Meriden Anti-Tuberculosis Association, 37 North 4th Street, Meriden, Conn.

NEW CANAAN

Dr. Brooks' Sanatorium (1897):

For consumptives whose condition does not preclude the possibility of at least an arrest of the disease.

Capacity: 24.

Rates: \$25 to \$35 per week, including everything, according to the room chosen; no free beds.

Resident Physician: M. J. Brooks, M.D.

This institution is situated one mile from the village, on a ridge of the Berkshire foothills, at an altitude of about 800 feet. The grounds cover about eighteen acres, part of which is woodland. The individual sleeping apartments are 10 by 16 feet and 10 feet high. There are no wards. Patients are under the strictest hygienic routine, constant medical supervision, and constant efficient nursing. The average course of treatment covers twelve weeks; no patients are retained longer, and a total arrest of the disease is expected within this period.

Application for admission should be made to either of the following: Dr. M. J. Brooks, New Canaan, Conn.; Dr. Hubert Arrowsmith, 170 Clinton Street, Brooklyn, N. Y.

WALLINGFORD**Gaylord Farm Sanatorium** (September, 1904):

Exclusively for persons in the early stages of pulmonary tuberculosis who are of very moderate means and residents of the State.

Capacity: 60.

Rates: \$7 per week.

Medical Superintendent: Dr. David R. Lyman.

This Sanatorium is due to the efforts of the New Haven County Anti-tuberculosis Association, and is under its management. Situated on a plateau fourteen miles inland from New Haven, the sanatorium overlooks the towns of Wallingford and Meriden and the valley in which they lie. The altitude is 390 feet. The sanatorium is built on the cottage plan. The buildings are provided with ample sheltered porches and all the beds are placed out on these. The Sanatorium has a farm in connection, which supplies it with milk and eggs, and also with fruits and vegetables in season.

The charge to patients does not cover the cost of maintenance. The State now aids the Sanatorium with an appropriation of \$7500 annually; and up to January 1, 1910, had appropriated in all \$50,000 for the erection of buildings and maintenance of the institution. The balance for maintenance and all funds for additions and improvements are met through voluntary subscriptions.

Application should be addressed either to Dr. David R. Lyman, Wallingford, or to one of the following consulting physicians: Dr. O. T. Osborns, Chairman, New Haven; Dr. C. W. Gaylord, Branford; Dr. J. P. C. Foster, New Haven; Dr. Henry L. Swain, New Haven; Dr. Carl E. Munger, Waterbury; Dr. E. T. Bradstreet, Meriden; Dr. F. W. Wright, New Haven; Dr. Caroline F. Conkey, Waterbury.

WATERBURY**Brookside Home, Tuberculosis Ward** (opened May 1, 1908):

For all classes of consumptives.

Capacity: 25.

Rates: \$4 per week for pay cases. Beds are free for all needy cases.

SANATORIA

CONNECTICUT, CUBA, DELAWARE

Superintendent: P. L. Brennan.

Resident Nurse: Mrs. Julia Corbett.

There is no resident physician.

The tuberculosis ward is the fourth floor of the west wing of the almshouse (Brookside Home), which is about two miles from the center of Waterbury. It is intended chiefly for advanced cases of the city poor, though pay patients will be received when there is room for them.

Application should be made to the Superintendent of City Charities, Waterbury, Conn.

CUBA

HAVANA (Loma San Juan)

La Esperanza Sanatorium for Tuberculosis (February 10, 1908):

For incipient cases only.

Capacity: 44.

There are no charges, though patients may pay something. Thirty-eight free beds are maintained.

Director and Resident Physician: Dr. J. B. Pons.

The Sanatorium is located about 350 feet above the level of the sea, a short distance from the city of Havana. It is easily reached by trolley. The grounds comprise over 100 acres of land.

It is planned to increase the bed capacity to 100.

Application should be made at the Dispensary in Havana.

DELAWARE

WILMINGTON

The Delaware Sanatorium for Consumptives (1907):

For incipient cases.

Capacity: 8.

Rates: \$1 per day. There are no free beds.

There is no resident physician, a trained nurse being in charge.

The Sanatorium is located in the Brandywine Hills near the city of

SANATORIA

DELAWARE, DISTRICT OF COLUMBIA

Wilmington. The site is given rent-free by Alfred I. Du Pont to the Delaware Anti-Tuberculosis Society, which conducts the Sanatorium. The permanent buildings are of the shack type of construction; a few tents are used in warm weather. The average cost of treatment per week per patient was \$9.33.

Application should be made to any local medical examiner.

DISTRICT OF COLUMBIA

BRIGHTWOOD (Washington)

Tuberculosis Hospital of the District of Columbia, 14th and Vanness Streets, N. W. (July 1, 1908):

For indigent consumptives in all stages of the disease.

Capacity: 120.

There are no charges.

Superintendent: Dr. P. G. Smith.

The grounds of the sanatorium comprise a plot of 30 acres, overlooking the city of Washington. Two car lines run within three blocks of the institution.

With the opening of this hospital, the special building at the Washington Asylum Hospital was closed. The new hospital is the only place in the district for the accommodation of consumptive patients.

Application should be made to the Board of Charities of the District of Columbia.

Washington Red Cross Day Camp (1908):

For incipient cases only.

Capacity: 30.

This camp is conducted by the Washington Red Cross Society at the New Municipal Hospital. Patients will be cared for only during the daytime.

The patients arrive at the camp soon after breakfast; are given lunch in the middle of the forenoon, a hot dinner at noon, and a lunch in the afternoon before returning home about 6 o'clock in the evening. The day is spent resting on cots or in reclining chairs in the open air under

SANATORIA

DISTRICT OF COLUMBIA, FLORIDA

the shade of the trees. Physicians and nurses are in constant attendance, so that the patients are watched, instructed carefully in the observance of precautions against infection, and kept under a rigid régime of treatment.

Applications should be made to the Committee on Prevention of Consumption, 923 H Street, N. W., Washington, D. C., and to the superintendent of the Instructive Visiting Nurse Society.

FLORIDA

ORLANDO

Camp Cohasset (December 1, 1907):

For all classes of consumptives.

Capacity: 40.

Rates: \$2 per day; \$10 per week; \$40 per month.

Manager and Physician-in-charge: Dr. R. L. Harris.

Superintendent: Dr. H. M. McPherson.

Camp Cohasset is situated two miles north of Orlando on the main line of the Atlantic Coast Line Railway, within three hundred yards of the Formosa depot and post-office.

The grounds consist of nearly one hundred acres of giant pine trees, well removed from noise and dust. The surrounding country is nearly all primeval pine forest, thus giving patients the full benefits of the healing properties of the balsam-laden air.

Camp Cohasset is run on an improved plan, that provides for patients being accompanied by members of their family or friends. Save in the dining-room, no attendants are furnished, it being an open-air camp and not a hospital. Any guest desiring or requiring a nurse or attendant must provide them at their own expense. Each guest is furnished four sheets, four pillow-cases, and fourteen towels each week. If more are desired, they can be had at the cost of laundry.

Applications should be addressed to Dr. R. L. Harris, Manager, Orlando, Fla.

SANATORIA

FLORIDA, GEORGIA

NARCOOSSEE (Osceola County)

Sunshine Home and Sanatorium (1906):

As a rule, only for incipient cases. Others are admitted.

Capacity: 12.

Rates: \$2 per day; \$7 per week.

Resident Physician and Superintendent: Dr. John E. Ennis.

This institution is located near the small village of Narcoossee in Osceola County, Florida.

The Sanatorium was established under the auspices of, and is partially supported by the Tribune Sunshine Society of New York. Dr. Ennis has offered his institution to the State, and it is probable that this offer will be accepted. This will give Florida the nucleus for a State sanatorium.

Application should be made to the superintendent.

GEORGIA

ATLANTA

Home for Incurables, South Boulevard and Woodward Avenue (began special treatment of tuberculous patients in 1900):

For advanced cases of tuberculosis.

Capacity of tuberculosis pavilion: 18.

All beds are free.

Superintendent: Miss Annie Bridges.

The Home receives all kinds of incurable cases. A special pavilion, however, is set apart for tuberculous patients.

Applications should be made to the superintendent.

TURNERVILLE

Habersham Hall Sanatorium (October, 1907):

For all classes of tuberculous patients.

Capacity: 20.

Rates: \$20 per month and upward.

Superintendent and resident physician: Dr. W. C. Bryant.

SANATORIA

GEORGIA, HAWAII, ILLINOIS

This Sanatorium is located in the northeastern part of Georgia in the foothills of the Blue Ridge Mountains in the Piedmont district. It is the first sanatorium for tuberculosis to be established in Georgia.

The main building, besides serving for administration purposes, affords accommodations for eighteen patients. The individual cottage units will be increased in number as occasion demands.

Application should be made to the superintendent.

HAWAII

HONOLULU

Honolulu Home for Incurables (1902):

Patients are received in any stage of the disease and are cared for in a separate building.

Capacity: 56.

Rates: There are eight free beds; for others the charge is \$1.50 per day.

Medical Superintendent: Dr. A. N. Sinclair.

The situation is two miles from the sea, at an elevation of 300 feet. The building for consumptives contains a free ward and separate rooms for pay patients. Support is derived partly from endowments and partly from a territorial appropriation.

Application should be made to Dr. A. N. Sinclair.

ILLINOIS

CHICAGO

Chicago Home for Incurables, 5535 Ellis Avenue (1890):

Receives advanced cases of tuberculosis.

Capacity for tuberculous patients: 65.

Rates: Some patients are treated free; others are charged varying amounts according to the circumstances of each individual.

Medical Director: Dr. W. T. Goodsmith.

MANATORIA

ILLINOIS

This institution cares for all classes of incurables, and sets aside a fixed number of beds for tuberculous patients.

Application should be made to H. N. Higginbotham, President, 161 State Street.

Cook County Reception Hospital, Harrison and Wood Streets (1907):

For the reception and temporary detention of tuberculous cases to be admitted to the County Hospital at Dunning.

Capacity: 40.

There are no charges.

Warden: Charles J. Happel.

This hospital is located on the grounds of the County Hospital and is a part of the latter institution. It consists of a single building of brick construction, containing a ward on each floor for twenty patients. The downstairs ward is devoted to men and the upstairs to women. Bed ridden and moribund patients are cared for in this institution until death. If after a few days' treatment a patient proves to be able to undertake the trip to Dunning, he is transferred at once to that institution.

Application should be made to the County Agent (Department of Charities Relief), 142 South Peoria Street, Chicago.

Open-air Sanatorium for Jewish Consumptives:

The Jewish Consumptives' Relief Society of Chicago will erect near Chicago a sanatorium for indigent consumptives. The funds have been raised and plans drawn. A site has not yet (August 1, 1908) been chosen.

St. Ann's Sanatorium, 40th and Thomas Streets (1905):

For each case of consumption.

Capacity: 25 at present; accommodation for 50 proposed.

Rate: \$5 to \$10 per week, with the exception of 25 free beds.

Medical Director: Dr. A. F. Krapp.

This, the first institution in Chicago devoted exclusively to the treatment of consumptive tuberculosis, is located northeast of the suburb of Austin. Much for the building were supplied by gifts secured mainly

through the efforts of the Roman Catholic sisterhood in charge of the sanatorium. Current expenses are met by fees from patients and contributions.

Application should be made to the Sister Superior.

DUNNING

Cook County Hospital for Consumptives (1899):

For all classes of indigent cases.

Capacity: 325.

There are no charges.

Superintendent: Dr. O. C. Wilhite.

Resident Physician: Dr. S. H. Moore.

The Hospital is located on a flat plain just outside the Chicago city limits, seven miles west of Lake Michigan. The buildings are four frame one-story wards, connected by a large solarium-hall, and a two-story administration building.

The county has given the building at Dunning to the State to use as a hospital for the insane, and is itself to build a \$2,000,000 institution for all of its dependent poor at Blue Island, 17 miles southwest of Chicago, on high, rolling ground, near the Rock Island Railroad. A tract of about 259 acres has been purchased on which all classes of people ordinarily taken care of at an almshouse, except the insane, are to be cared for. The Chicago Tuberculosis Institute has asked the County Board to provide a hospital in town for very advanced consumptives, so as not to impose on them the hardships of a long journey to Blue Island. The County Board has acquiesced in this plan and has ordered the preparation of plans for a hospital for advanced consumptives, capable of holding between 400 and 500 patients. This is planned to be built near the County Hospital, and will probably be maintained as a part of that institution. In a sense, it will be merely an expansion of the reception hospital now on the grounds of the County Hospital. In connection with the almshouse at Blue Island, there will be separate buildings for the care of tuberculosis. Patients in the advanced stage will not be sent there, however. Just what provision will be made for the treatment of incipient cases at Blue Island has not been determined.

SANATORIA

ILLINOIS

Applications should be made to the County Agent, 142 South Peoria Street, Chicago.

NAPERVILLE

The Edward Sanatorium (January 15, 1907):

For incipient cases only.

Capacity: 28.

Rates: \$10 per week. Ten free beds are maintained by the Chicago Visiting Nurse Association.

Medical Director: Dr. Theodore B. Sachs.

Resident Superintendent: Miss Laura A. Fetzer.

The Edward Sanatorium is conducted by the Chicago Tuberculosis Institute. Aside from the object of presenting relief to needy sufferers from tuberculosis, the aim of the Sanatorium is to convince the people of Illinois that tuberculosis can be successfully treated locally in well-conducted sanatoria. The nucleus of the Sanatorium was a gift by Mrs. Eudora Hull Spalding, of Chicago.

The Sanatorium is located a quarter of a mile south of Naperville, Du Page County, Illinois. Communication from Chicago is by Chicago, Burlington and Quincy Railway suburban trains, leaving the Union Depot every two or three hours, and reaching Naperville in fifty to sixty minutes. The site is a farm of 39½ acres. The ground is elevated, affording an unobstructed view of picturesque scenery for miles around. Across the roadway is the Du Page River, with numerous groves of trees east of it; south and west of the institution is a stretch of sloping ground and fertile farm land.

Applications should be made to Dr. Theodore B. Sachs, Medical Director, 100 State Street, Chicago, Illinois.

OTTAWA

Buffalo Rock Tent Villa (May 1, 1908):

Receives incipient cases only.

Capacity for tuberculous patients: 15.

Rates: \$25 to \$40 per week.

SANATORIA

ILLINOIS

Resident Physician: Dr. E. Don Taylor.

The Buffalo Rock Tent Villa treats all kinds of chronic diseases and makes special provision in separate tents for tuberculous patients. The Colorado house tent is the unit of the Villa. Cottages and large screened porches are also used. The sanatorium is situated on a rocky island, 60 acres in area, three miles from any town or city.

Application should be made to the resident physician.

Ottawa Tent Colony (1904):

For early cases of pulmonary tuberculosis.

Capacity: 60.

Rates: \$18 to \$30 per week.

Medical Directors: Dr. J. W. Pettit and Dr. E. H. Butterfield.

The Ottawa Tent Colony was established under the auspices of the Illinois State Medical Society to demonstrate the curability of tuberculosis in Illinois. For lack of financial support, it became necessary to conduct it as a private institution. It is located on a bluff, 120 feet above the Illinois River. Tent cottages are used as sleeping apartments.

Application for admission should be addressed to Dr. J. W. Pettit, Superintendent.

WINFIELD (Dupage County)

Chicago Tuberculosis Sanatorium (October, 1908):

For incipient cases only.

Capacity: 30.

There are no fixed charges.

Medical Director: Dr. Theodore B. Sachs.

This Sanatorium was established by the Baron Hirsch Woman's Club, of Chicago, of which Mrs. Emma B. Mandl is the president. A site of seventeen acres at Winfield, about 15 miles west of Chicago, in Dupage County, was purchased for the society by Charles A. Stonehill at a cost of \$13,000. A building which was on the property has been remodeled, and this with some shacks will constitute the nucleus of the Sanatorium.

Application should be made to the medical director, 763 Douglas Boulevard, Chicago.

INDIANA**ROCKVILLE****State Tuberculosis Hospital:**

In May, 1908, the commission appointed by the governor for that purpose chose a site for the new tuberculosis hospital near Rockville. The site comprises 527 acres, three miles east of Rockville, near the Sand Creek Station of the Vandalia Railroad. The hospital will probably be opened in 1909.

DANVILLE**Rockwood Tuberculosis Sanatorium (October, 1907):**

Chiefly for early cases, though special arrangements are made for advanced cases.

Capacity: 20. Capacity being increased to 50.

Rates: \$15, \$20, and \$25 per week. Arrangements are being made for some free beds.

Superintendent and Resident Physician: Dr. Thomas J. Beasley.

The Rockwood Tuberculosis Sanatorium is located twelve miles west of Indianapolis on the Indianapolis and Danville Interurban Electric line. Cars run hourly in each direction. The post-office address is Danville, Ind. The institution is located in a wooded hill country, and overlooks the White Lick Creek. The express and telegraph address is Avon, Ind.

All patients are accommodated in individual cottages, and are kept constantly in touch with physicians and nurses by an electric call-bell system.

Application should be made to the superintendent.

INDIANAPOLIS**Flower Mission Pavilion for Incurables, City Hospital (January, 1904):**

For incurable cases of consumption who are recommended by the Flower Mission Society and approved by the superintendent of the Hospital.

SANATORIA

INDIANA

Capacity: 26.

There are no charges.

Superintendent: Dr. J. L. Freeland.

The pavilion occupies the northern part of the City Hospital grounds, which have an altitude of 822 feet. It is a one-story brick building, surrounded by a veranda, containing two wards for ten beds each and six private rooms.

BRIGHTWOOD

Day Camp of the Woman's Improvement Club (Indianapolis)
(1906):

For colored women in incipient or convalescent stages of tuberculosis.

Capacity: 7.

President: Mrs. Lillian Thomas Fox.

The Camp is located in a grove near Brightwood, a suburb of Indianapolis. The equipment used is largely tents.

This is one of the few camps in the United States exclusively for colored women. It is conducted by the Woman's Improvement Club, composed of twenty colored women of Indianapolis.

FORT WAYNE

St. Rochus Hospital:

For all classes of consumptives.

Capacity: 10.

There are no charges.

St. Rochus Hospital is a small building where ten consumptives can be cared for by the Sisters of "The Poor Hand Maids of Jesus Christ." It is hoped by the Sisters that in the course of time they will be able to erect a larger hospital.

Application should be made to the Sister Superior.

IOWA

IOWA CITY

State Sanatorium for the Treatment of Tuberculosis (February 1, 1908):

For the treatment of incipient cases or those who offer a fair chance of recovery.

Capacity: 80.

Rates: \$30 per month for those who are able to pay; otherwise expenses are paid by the State.

Superintendent and Medical Director: Dr. H. E. Kirschner.

The Sanatorium is located five miles northwest of Iowa City, directly on the Cedar Rapids and Iowa City Electric Interurban Railway. The site, which consists of 280 acres, is of a comparatively high altitude, affording good drainage facilities. The farm will be utilized for the growing of vegetables, fruits, etc.

The buildings consist of a three-story brick administrative building, two large pavilions, a power-house and laundry. In the administrative building are rooms for the superintendent, the nurses, and other employees, as well as offices, laboratory, dining-room, kitchen, and an amusement room and open fireplace. The pavilions consist of a central building with rooms for nurses, diet kitchen, bath and toilet rooms. There are wings on either side containing ten rooms for two patients each, and in front is a twelve-foot open porch. Accommodations are thus afforded for eighty patients, and the State will doubtless increase the capacity as the exigencies require.

Application should be made to examining physicians of the different counties, who fill out admission blanks and send them to the superintendent, who, in turn, decides on the suitability of the applicant.

FORT DODGE

Boulder Lodge Sanatorium (July, 1901):

Exclusively for the treatment of early cases of all forms of tuberculosis.

Capacity: 25.

SANATORIA

IOWA, KANSAS

Rates: \$20 per week.

Medical Director: Dr. J. W. Kime.

The main building is of unshaped field boulders, two stories high, in a wooded tract of 15 acres, 1200 feet above sea-level. Pavilions and a number of house tents are utilized, especially during the open season. The surrounding country is wild woodland, sloping down to the Des Moines River on the west.

Application should be made to Dr. J. W. Kime.

SHENANDOAH

Aldrich Tent Colony for Tuberculosis (January, 1907):

For all classes of tuberculous patients.

Capacity: 10. By the addition of tents, the capacity may be increased.

Rates: \$15 per week.

Superintendent and Medical Director: Dr. J. F. Aldrich.

The unit of the tent colony is a specially constructed tent, which affords an abundance of fresh air. The colony is located in an agricultural district in southwestern Iowa.

Application should be made to the superintendent.

KANSAS

LECOMPTON

Hoch-Wald Ranch Sanatorium (March 26, 1908):

For incipient and moderately advanced cases.

Capacity: 10.

Rates: \$10 to \$15 per week.

Medical Director: Dr. Thomas L. Brunk.

This institution is the pioneer tuberculosis colony in the State of Kansas. The Sanatorium is located on the Santa Fé Railroad, twelve miles east of Topeka, on a high, wooded bluff having an altitude of 1150 feet, and is over 200 feet above the Kansas River valley. The buildings in use are modified tents and a special type of cottage. Other buildings will be added as the demand increases.

Applications should be made to Dr. Thomas L. Brunk, Topeka, Kansas.

KENTUCKY

State Sanatorium:

The Legislature of 1908 passed a bill providing \$75,000 for the site and erection, and \$30,000 annually for the maintenance of a State sanatorium. The bill was vetoed by the governor. It is probable, however, that by 1910 Kentucky will have a State sanatorium.

LOUISVILLE (R. F. D. 2):

The Association Sanatorium (September 9, 1907):

For curable cases or those promising to derive permanent benefit.

Capacity: 16. (Will be enlarged to 24 in 1909.)

Rates: \$10 per week, which includes all expenses except a small charge for personal laundry.

Physician-in-charge: Dr. C. W. F. Rembert.

This Sanatorium was established with funds collected and contributed by the Kentucky Anti-Tuberculosis Association at a cost of over \$28,000. It is operated by a separate corporation under the name of the "Association Sanatorium," closely affiliated with the Kentucky Anti-Tuberculosis Association.

The plant is located on three ridges 643 feet above sea-level, considerably higher than the surrounding country, good soil drainage, the tract consisting of 53.3 acres. The Sanatorium is in Jefferson County, about two miles outside of the city limits of Louisville, and reached by street-car line and road. For the sewerage, a subsoil filtration process is being installed, utilizing septic tank, dosing tank with automatic siphon, and ultimate filtration through a four-foot bed of cinders and rock.

The buildings consist of an administration building (a three-story log building, containing offices, dining-rooms, kitchen, etc., staff quarters, and quarters for the help); two shacks with a capacity of eight patients each, the shacks being a modification of the Loomis lean-to, with central

SANATORIA

KENTUCKY

dressings-room, bath-room, toilet, etc.; a laundry building; acetylene plant; boiler room, etc. The shacks are connected with the main building by uncovered walks. Plans have been prepared for a modern cow-barn.

Patients are admitted only upon personal examination by the physician-in-charge.

Louisville City Hospital, Tuberculosis Annex, corner Preston and Chestnut Streets (May 1, 1908):

A pavilion for consumptives in all stages.

Capacity: 32.

There are no charges.

Superintendent: Dr. Jouett Menefee.

This pavilion was erected primarily for the indigent advanced cases of the city. It is a frame building 157 feet long, situated to the east of the main hospital building. There are four wards, accommodating eight each.

Applications should be made at the hospital. Only residents of Louisville, who are unable to pay, are admitted.

Municipal Sanatorium:

The Legislature of 1907 authorized the appointment of a board of ten members to select a site and erect a municipal sanatorium for the city of Louisville. This board, appointed by the mayor of Louisville, has purchased a tract of 126 acres, lying six miles from Louisville. The institution will be wholly supported by city and county appropriations, authorized by a direct annual tax. The officers and members of the board are as follows: L. J. Dittmar, President, Temple Bodley, Charles H. Bohmer, Edward Wetstein, Dr. E. N. Johnson, Dr. Sidney J. Meyers, Dr. George Coons, Dr. J. S. Lyons, Dr. L. McDonald, Louis Rieger, and the Mayor of Louisville, ex officio member of the board.

Tuberculosis Hospital:

The late Dr. John A. Ouchterlony, of Louisville, left a fund of \$35,000 to erect and equip a tuberculosis hospital in Kentucky. The money was left in the hands of John W. Barr, Jr., John T. Malone, and the Rev. Charles Raffo. This board of trustees are looking for a suitable site

for such hospital. When completed, the institution will be turned over to the Nazarene Sisters, of Nelson County, Kentucky, who have agreed to maintain it thereafter. The institution will be eleemosynary in character.

LOUISIANA

COVINGTON

Covington Tuberculosis Sanatorium (December 16, 1904):

For all classes of tuberculous patients, except the far advanced.

Capacity: 30.

Rates: \$125 per month.

Medical Director and Resident Physician: Dr. Wallace J. Durel.

The Sanatorium is the first of its kind to be established in Louisiana. It is located near Covington, about 60 miles northeast of New Orleans. The buildings include a main building with fourteen rooms, one cottage with four rooms, and several one-room cottages and tents. Most of the patients are in the second and third stages of tuberculosis. The climatic conditions are such that patients have been able to remain and sleep outdoors on an average about three hundred and fifty nights during the year.

Application should be made to the medical director at the Sanatorium, or his office, 41 Medical Building, New Orleans.

NEW ORLEANS

Charity Hospital of New Orleans:

Receives cases of pulmonary tuberculosis in all stages.

Capacity for tuberculous patients: 40.

There are no charges.

House Surgeon: Dr. J. M. Batchelor.

The Charity Hospital, the largest institution of its kind in Louisiana, makes provision for tuberculosis cases in separate wards. Advanced cases, for the most part, are the only ones treated.

Application should be made to the superintendent at the hospital.

SANATORIA

LOUISIANA, MAINE

ST. TAMMANY

Tuberculosis Camp of the Louisiana Anti-Tuberculosis League

(March 18, 1908):

For incipient cases only.

Capacity: 14.

Rates: \$4 per week if able to pay. Others are treated free of charge.

Superintendent: Miss Clair Fromherz.

The sanatorium was erected and is operated by the Anti-Tuberculosis League of Louisiana. St. Tammany is in the heart of the belt of pine forests at a considerable elevation above the level of the sea. The eight cottages which comprise the camp are arranged in the form of a circle about a large artesian well, which furnishes drinking and bathing facilities for the sanatorium.

Applications should be made at the office of the Anti-Tuberculosis League, 212 Macheca Building, New Orleans.

MAINE

HEBRON

The Maine Sanatorium, Greenwood Mountain (November 1, 1904):

Nearest stations: West Minot, on Portland and Rumford Falls Railroad; Paris, on Grand Trunk.

Exclusively for incipient cases of pulmonary tuberculosis.

Capacity: Ultimately 100; at present there are 65 beds, which are constantly filled.

Rates: \$12 per week; twenty patients receive assistance of about one-half rate all the time.

Medical Director: Dr. Estes Nichols.

The Maine Sanatorium Association, to whose efforts this sanatorium is due, owns 330 acres on a southern slope in the foothills of the White Mountains, at an altitude of 1200 feet, near the Poland Spring region. A public highway runs through the center of the tract. Over a third of the estate is fertile arable land, which makes it possible to produce the required supplies of milk, fruit, and vegetables. One hundred and thirty-five acres are woodland. The buildings are on the cottage system

with individual sleeping-rooms. Log camps, open on one side, are constructed for winter sitting-rooms. The sleeping pavilions have across the entire front double glass doors which are closed only while patients are rising and retiring. Patients do not, however, dress in these pavilions, but go directly from them into heated dressing-rooms. It is hoped that the endowment will soon allow an increase in the number of free patients who can be received.

Applications should be sent to Dr. Estes Nichols, Y. M. C. A. Building, Portland, or to Hebron.

MARYLAND

SABILLASVILLE

Maryland State Sanatorium (opened in summer of 1908):

For all classes of tuberculosis which are deemed curable. White persons only admitted.

Capacity: Will be at outset about 100; full scheme provides for 250.

Rates: 50 cents per day. Free cases will be received only after approval of trustees.

This Sanatorium is the outgrowth of the labors of the Second Tuberculosis Commission of Maryland, appointed in 1904. Up to April 1, 1908, most of the \$100,000 originally appropriated had been expended. The Legislature of 1908 appropriated \$175,000 more to complete the institution, which will doubtless be one of the finest State sanatoriums in the United States.

Sabillasville is located in Frederick County in the heart of the Blue Ridge Mountains, at an elevation of 1500 feet. The site comprises 198 acres. The detached pavilion system of building is being employed. Each cottage will be sufficiently far removed from all others to give it plenty of air and sunlight. The cottages will accommodate sixteen each.

Application blanks for admission may be obtained from the municipal or county Health Officer in the district in which the applicant lives, or by writing to any member of the Board of Directors. Applicants must have been residents of the State of Maryland for at least one year preceding the date of application.

The Board of Managers are: John Walter Smith, President; Dr. Charles Conley; Dr. Charles M. Ellis; Dr. Guy Steele; Dr. Henry Barton Jacobs; Dr. H. Warren Buckler; Samuel K. Dennis, Secretary.

BALTIMORE

Hospital for the Relief of Crippled and Deformed Children of Baltimore (1895):

Receives children with non-pulmonary tuberculosis.

Capacity for tuberculous patients: 50.

There are no charges.

Superintendent: Dr. R. F. Taylor.

Resident Surgeon: Dr. B. E. Wood.

This hospital receives all classes of crippled and deformed children, but about three-fourths of the cases have tuberculous bone lesions. In connection with the hospital in Baltimore is a mountain hospital at Blue Ridge Summit, Pa. Here fifty patients are cared for in shacks and tents at an elevation of about 2000 feet. This latter branch of the work was opened in 1897. The mountain hospital is open only from June to October. The city hospital is open the rest of the year, from October to June. The dispensary is open the year round.

Application should be made to the superintendent.

Jewish Home for Consumptives of Baltimore City (Reisterstown)

(July 1, 1908):

For all classes of consumptives.

Capacity: 36.

There are no charges.

Superintendent and Resident Physician: Dr. M. R. Smirnow.

This sanatorium was erected through the generosity of Mr. Jacob Epstein and twenty-three other prominent Jews of Baltimore. The institution cost over \$50,000, of which Mr. Epstein contributed \$35,000. The building is of stone and is located on a clear, high level.

It is planned at first to care only for advanced cases, though later provision may be made for others. The capacity of the institution will be increased ultimately to at least seventy-five, and by January 1, 1909, will be considerably more, through the completion of the Kann Memorial Cottage.

Application for admission should be made to the superintendent, or to Mr. L. Levine, Secretary, Baltimore.

Municipal Tuberculosis Hospital:

For destitute tuberculous patients of Baltimore.

Capacity: 100.

No pay patients are received.

Physician-in-charge: Dr. Gordon Wilson.

The hospital is two stories high, with basement, divided into four wards, with porches running the full length of building on each floor. The length of the building is 150 feet. Additions were made in 1908.

The hospital is located east of the city, and on the same grounds are the Almshouse, General Hospital, and Hospital for the Insane. The elevation is 160 feet above tide-water.

Control of and admission to the hospital is lodged in the hands of the Supervisors of City Charities.

SALISBURY (Wicomico County)

Pine Bluff Sanatorium (1908):

For incipient cases only.

Capacity: 6.

Rates not determined.

Superintendent: Dr. George W. Todd.

The Sanatorium will be opened in the fall of 1908. The initial building consists of a central structure between two wings, each of which accommodates three patients. There are no wards, but each patient has a private room. The construction is such that more beds can be added as necessity demands. The Sanatorium is located on a bluff overlooking the Wicomico River.

Application should be made to the superintendent.

TOWSON

The Hospital for Consumptives of Maryland (1896):

Exclusively for the white citizens of Maryland.

A sanatorium for incipient and advanced cases.

Capacity: 102, including a sanatorium for incipient cases with 50 beds; a hospital for advanced cases with 30 beds; an annex for early cases at Mt. Airy with 12 beds; and a farm colony for convalescent, arrested, or cured cases with 10 beds.

Rates: \$3 to \$12 per week to those able to pay; free to others.

Resident Physician: Dr. Alexius M. Forster.

Visiting Physicians: Dr. J. Milton Linthicum, Dr. H. Warren Buckler, Dr. Louis Hamman, Dr. Gordon Wilson.

Towson is in Baltimore County, eight miles from Baltimore, from which it is reached by electric cars in thirty minutes. The hospital is known as the Eudowood Sanatorium. It is at an altitude of 500 feet, among forest-covered hills. There is a large administration building containing offices, laboratory, and rooms for the resident physician, his assistants, the matron, nurses, and housekeeper. Attached to the rear is a large dining-room, pantry, kitchen, etc., providing sufficient accommodation for one hundred patients. To the north is a recreation hall and chapel. South is a second wing, used for an infirmary, accommodating eight patients. Nearby are two memorial cottages, one of four rooms, the gift of the Misses Hooper, the daughters of the late Theodore Hooper, in memory of their brother; the second of six rooms, the gift of Mrs. Nelson Perin, in memory of her late husband. Two "lean-tos" of the Loomis type, each holding eight patients, and two or three shacks and army tents complete the equipment.

The hospital is just breaking ground (June, 1908) on a distant part of its farm for a hospital for thirty advanced cases, in part the gift of Mr. Victor G. Bloede, of Baltimore; and in still another direction it has just completed arrangements for adding to its usefulness by renting an adjoining farm of 180 acres, upon which it purposes to develop a farm colony of convalescent and apparently cured patients.

During the summer season the hospital has conducted a small annex at Mt. Airy, Md., on a spur of the Blue Ridge Mountains. Here have been sent from Towson patients who from one reason or another did not seem to be doing well.

The hospital is partly supported by State and city appropriations, but chiefly by voluntary contributions. The fees from patients are inconsiderable.

The officers are, Dr. Henry Barton Jacobs, President; Rev. Arthur Chilton Powell, Vice-President; Rev. Adolf Guttmacher, Secretary; David H. Carroll, Treasurer.

The management of the hospital is in the hands of a board of directors.

Applications for admission are made to the resident physician, who attends, on two or three mornings of the week, the tuberculosis clinic of the Johns Hopkins Hospital.

WASHINGTON GROVE

Starmont Sanatorium (October, 1905):

For incipient and moderately advanced cases.

Capacity: 31.

Rates: \$10 to \$20 per week.

Director: Gen. George M. Sternberg, M.D.

Resident Physician: Dr. John H. Lindsey.

Starmont Sanatorium is located in Montgomery County, Md. It is situated upon a high point of ground over 500 feet above sea-level and about three-quarters of a mile from Washington Grove, which is the post-office and nearest railroad station. The property consists of six acres, improved by a commodious new house and necessary outbuildings. The house is surrounded by fine forest trees and is built upon an elevated plateau having drainage in all directions. This house is used as an administration building and is provided with sitting-rooms, dining-room, kitchen, office, laboratory, and bed-rooms for the resident physician, housekeeper, and servants. The patients all sleep in tents of an improved pattern, having openings for ventilation at the top. These tents are provided with floors and necessary furniture. A coal-oil stove is provided for each tent in cold weather, to be used only when the patients are dressing or undressing. When in bed, the patients are perfectly comfortable even in the coldest weather, and the front of the tent, facing to the south, is left open night and day, except when the patients are dressing. There is a broad covered veranda on the south and east sides of the administration building, where the patients not confined to their beds sit a great portion of the time. In inclement weather they may use the sitting-room.

SANATORIA

MARYLAND, MASSACHUSETTS

The Sanatorium is conducted by the Washington Sanatorium Company (incorporated in 1906).

Applications should be made to the resident physician or to Gen. Geo. M. Sternberg, 2005 Massachusetts Avenue, Washington, D. C.

MASSACHUSETTS

RUTLAND

Massachusetts State Sanatorium (October, 1898):

For early cases of pulmonary tuberculosis; patients must be residents of the State and not too far advanced to admit of reasonable hope of radical improvement.

Capacity: 350.

Rates: \$4 per week; there are no free beds, but the trustees are empowered to allow a few cases to remain at public expense; in many cases the bills are paid by cities or charitable organizations.

Superintendent: Dr. Frederick L. Hills.

To Massachusetts belongs the honor of having established the first State sanatorium in the country. It is located near the center of the State, about 50 miles from Boston and 11 miles from Worcester, at an elevation of 1200 feet. The buildings are on a southern slope, protected on the northwest by a wooded hill. The pavilions for the patients are one or two stories high, extending to the south, each terminating in a solarium and plaza, and all connected on the north by a covered corridor.

The primary object of the institution is the arrest of the disease, and only such patients will be admitted as are deemed not too far advanced for reasonable hope of radical improvement; the purpose being to give sanatorium treatment only.

Residents of Massachusetts only are admitted, preference being given to citizens of the United States. Patients who do not improve after a stay in the Sanatorium sufficiently long to test the effect of treatment will be advised not to remain, and their friends will be expected to arrange their removal. In consideration of the nominal charge made for board and treatment, all patients who are physically able are expected to do some work daily under medical supervision.

SANATORIA

MASSACHUSETTS

The Sanatorium station is Muschopauge, on the Central Massachusetts Railroad. The Sanatorium carriage meets the trains at Muschopauge that leave Boston (North Union Station) at 1.40 P. M. Public carriages meet all trains.

Applicants must in all cases be examined by one of the official examiners. These examiners have been appointed in all of the principal cities of the State, and their names and addresses may be secured by applying to the superintendent of the Sanatorium.

NORTH READING

The Legislature of 1907 provided for the appointment of a commission of nine who should "purchase sites, approve plans, make contracts, select superintendents, and supervise the construction of three sanatoria for tubercular patients, each sanatorium to have accommodations for not less than 150 patients." This commission, up to July 1, 1908, had selected a site for one sanatorium in North Reading. The above mentioned act provides that one of the others be in the southeastern part of Massachusetts, and the third in the Connecticut Valley.

North Reading, where the first hospital will be located, is about twenty-five miles directly north of Boston. The site comprises 200 acres of land.

These sanatoria will be used only for advanced cases.

The members of the Commission are: Dr. Arthur T. Cabot, Chairman, Charles H. Adams, Alvah Crocker, Dr. Albert C. Getchell, W. C. Godfrey, Mrs. Sylvia B. Knowlton, Dr. William D. McFee, Charles H. Porter, Jeremiah Smith, Jr., and Dr. John B. Hawes, 2d, Secretary.

BOSTON

Consumptives' Hospital Department of the City of Boston:

By a municipal ordinance of 1906, the Consumptives' Hospital Department of the City of Boston was created. The board of seven trustees was given power to purchase land and erect a hospital for consumptives for the city of Boston, \$150,000 being appropriated for this

purpose. By acts of legislature in 1906, 1907, and 1908, the trustees were given power to board patients in private hospitals pending the erection of the new hospital.

In 1907 the Department purchased a site of 55 acres at Mattapan. The site is composed largely of woodland, with sufficient cleared space, however, for all of the hospital buildings. The scheme of construction for the hospital includes ward buildings, administration, domestic, and pathological buildings, chapel, laundry, nurses' home, and power-house. In addition to the hospital, there is also a day camp, which was opened in 1908. (See page 53.)

The new hospital will probably be ready for occupancy some time in 1909.

**Channing Home, Francis and Bellevue Streets, Fenway, Boston
(1857):**

For women in all stages of pulmonary tuberculosis.

Capacity: 23.

All beds are free.

There is no resident physician, but an attending staff of three, viz., Dr. William H. Smith, Dr. Frederick T. Lord, and Dr. L. J. Mead.

Channing Home is a new, spacious building with all modern improvements. It is situated in the Fenway district, and is supported entirely by endowments.

Application for admission should be made to any of the staff or to the superintendent.

**The Cullis Consumptives' Home, Grove Hall, New Dorchester
Centre (1864):**

For persons in the last stages of pulmonary tuberculosis who are without means of support or friends able to care for them.

Capacity: 40.

All patients are cared for free of charge.

Medical Board: Dr. Herbert C. Clapp, Dr. J. Tucker Cutter, Dr. Samuel H. Calderwood, Dr. E. P. Ruggles, Dr. Percy G. Browne, and two internes.

Superintendent: Rev. Edward D. Mallory.

The Consumptives' Home is the principal one of a group of charities founded in 1864 by the late Dr. Charles Cullis, and built up and supported entirely by voluntary contributions and legacies. The building now occupied was erected ten years ago. It faces Franklin Park, from which it is separated by Blue Hill Avenue and a wide stretch of lawn. The grounds, consisting of about six acres, are dry and sandy. On the grounds is a small home for children whose mothers are in the Consumptives' Home.

Application should be made to the superintendent.

Free Home for Consumptives in the City of Boston, 428 Quincy Street, Dorchester (1892):

For poor consumptives of every age, stage, nationality, creed, and color.

Capacity: 110.

No pay patients admitted. All beds free.

There is no resident physician, but the list of visiting and consulting physicians includes the names of well-known specialists.

The Home is located just outside the city. It is supported entirely by voluntary contributions.

Although the majority of cases are advanced, many incipient cases are also treated.

Application for admission should be made to the superintendent.

The House of the Good Samaritan, corner Francis and Bunsen Streets (1861):

Gives free care and medical treatment to white women and children; patients are received in all stages of tuberculosis, and are separated from other patients.

Capacity: 43 beds, of which 17 are occupied by consumptives.

All the beds are free. The institution is supported by voluntary contributions.

Superintendent: Miss Louise Coleman.

Visiting Physicians: Dr. Arthur K. Stone and Dr. Roger Lee.

There is also a resident interne.

A day camp was established in 1906, which takes care of twenty-five women with tuberculosis. They sleep at home, but are cared for by

the hospital from 9 to 5 daily, except Sunday, when a nurse visits them in their homes. Dr. Cleveland Floyd in charge; Dr. Arthur Cushing, assistant.

Application for admission should be made to the superintendent between the hours of 9 and 12.

Long Island Almshouse and Hospital:

For all classes of destitute consumptives.

Capacity: 85.

Resident Physician: Dr. George W. Holmes.

The hospital building is part of the Almshouse Colony on Long Island. It is one story, and built of brick, and consists of several pavilion wards and sun-rooms, devoted exclusively to the care of tuberculous patients.

Long Island is a mile and a half long by half a mile wide, and is located about five miles from Boston proper in Boston Harbor. Besides the building for tuberculous patients, there is also a hospital for chronic diseases, with 275 beds, and dormitories for city poor, capable of accommodating 800. Long Island is partly owned by the Federal Government, being the site of Fort Strong. There is also a farm owned by the city, the products of which are used in the hospital.

Application should be made to the Institutions Registration Department, 28 Court Square, Boston.

Municipal Day Camp (July, 1908):

For moderately advanced and incipient cases.

Capacity: 50.

There are no charges.

Chief of Staff: Dr. Edwin A. Locke.

Medical Director: Dr. David Townsend.

The Camp is located at Mattapan on ground owned by the Boston Consumptives' Hospital Department. The Day Camp was operated successfully in 1907 by the Boston Association for the Relief and Control of Tuberculosis. Early in 1908, the Camp was turned over to the city, and has now been fitted to accommodate at least fifty patients. This Day Camp is the first of the series of permanent buildings that will comprise the Boston Consumptives' Hospital.

SANATORIA

MASSACHUSETTS

Application should be made at the Out-patient Department of the Boston Consumptives' Hospital, 13 Burroughs Place.

St. Monica's Home, 125 Highland Street (Roxbury) (1904):

Receives tuberculous cases in all stages.

Capacity; 7.

Rates: \$5 to \$8 per week. Most of the patients are supported by the city.

Superintendent: Sister Vera Margaret.

St. Monica's Home is exclusively for colored women and children. The hospital receives most of its tuberculous patients from the Boston Consumptives' Hospital, which pays \$8 a week for their maintenance.

Application should be made to the superintendent.

Day Camp School of Outdoor Life for Children, 129 Parker Hill Avenue (July, 1908):

For children in the incipient stages of pulmonary tuberculosis.

Capacity: 25.

There are no charges.

Superintendent: Walter E. Kruesi, No. 4 Joy Street.

This Camp is conducted by the Boston Association for the Relief and Control of Tuberculosis.

BROOKLINE

Brookline Board of Health Hospital (1905):

For men in advanced stages of the disease.

Capacity: 6.

Rates: \$7 per week, if board is paid by patient or other party.

Others are admitted free.

Superintendent and Visiting Physician: Dr. H. Lincoln Chase.

Matron and Resident Nurse: Miss Martha W. Meek.

The tuberculosis pavilion is one of a set of pavilions conducted by the Brookline Board of Health for various contagious diseases. The building is well equipped.

Application should be made to the superintendent or to the Board of Health.

Day Camp and School for Children (July 2, 1908):

For pre-tuberculous children.

Capacity: 20.

There are no charges.

Medical Director: Dr. H. Lincoln Chase.

The Camp is located on the grounds of the Board of Health Hospital. It is conducted by the Brookline Anti-Tuberculosis Society, the Brookline Friendly Society, and the Board of Health.

The children are taken to the camp every weekday in a barge, starting at 8.30 A. M. and returning at 5 P. M. They are kept outdoors practically all day. The nurse in attendance gives instructions in natural history, gardening, hygiene, raffia work, etc. Two luncheons and a hearty dinner are provided for the children.

Application should be made to the Anti-Tuberculosis Society.

CAMBRIDGE**Day Camp of the Board of Health, Concord Avenue (July, 1908):**

The contract for the erection of the main building of the day camp calls for the expenditure of \$7800. In addition to this, probably \$20,000 more will be expended in equipment and other expenses. The main building of the camp is a one-story building with a gable end. The building will have two wings, 25 feet by 50 feet, which will be the living-rooms for the patients. Practically the entire front of the wings will be formed of glass doors, which may be raised so as to leave the front entirely open. There will be an 18-foot piazza in front of each wing. In the center will be the administration building, with an office for the matron nurse, and a consultation office and laboratory for the house physician, behind which will be a small hallway, with stairs leading to the caretaker's room. There is to be a small emergency room for those who may be taken suddenly ill. The camp will be of the most inexpensive construction possible. The day camp is the nucleus of a hospital system, which the Board of Health has worked out, for the treatment of tuberculosis and other contagious diseases.

The Holy Ghost Hospital for Incurables, Cambridge Street (1894):

Advanced cases of tuberculosis are received; in 1907 they formed three-eighths of the total number of patients.

SANATORIA

MASSACHUSETTS

Capacity: There is room for about 45 tuberculous patients.

Rates: 25 free beds; \$7 per week for others in wards.

There is no resident physician.

Superintendent: Sister M. D'Arche.

The grounds of this hospital adjoin those of Harvard University, and cover seven acres. The building when completed will have a wing at each end, and the whole structure will be four stories high.

Application should be addressed to the superintendent.

EAST BRIDGEWATER

The Millet Sanatorium (May, 1900):

Exclusively for early cases of pulmonary tuberculosis.

Capacity: 40.

Rates: \$15 to \$30 per week; a limited number of patients can be received at greatly reduced rates.

Medical Director: Dr. C. S. Millet, Brockton, Mass.

There is no physician in residence.

The main building is an old colonial house. All the bedrooms face south, and sleeping balconies have been added to some of them. Additional accommodations are provided by small sleeping shacks near the house. The site is a well-drained, gravelly hill, 120 feet above sea-level. Special attention is paid to hydrotherapy in addition to the usual methods of treating tuberculosis.

Application should be addressed to the Millet Sanatorium.

FALL RIVER

Tuberculosis Cottages, Stanley Street (July 1, 1907):

For all classes of consumptives.

Capacity: 35.

Rates: \$1 per day to those who can pay. Others are admitted as public charges.

Matron: Miss Anna Hart.

Attending Physicians: Drs. W. P. Pritchard, M. H. Shea, William Turner, William H. Blanchette, J. H. Huard, and M. B. Swift.

SANATORIA

MASSACHUSETTS

This hospital is conducted by the Board of Health. Except for a few tents, all the buildings are of wood, constructed on the cottage plan. In 1908 the city appropriated \$75,000 to erect a hospital for contagious diseases, of which the tuberculosis hospital will be a part. A site of eight acres overlooking the bay and harbor has been selected. Work will probably be started before 1909.

Application should be made to the Board of Health.

HOLYOKE

Day Camp for Consumptives (June 1, 1908):

For moderately advanced cases.

Capacity: 20.

Rates: Actual cost of maintenance for those who are able to pay.

Others free, or according to their means.

Medical Director: Dr. C. A. Allen.

This camp is conducted by the Holyoke Association for the Prevention and Relief of Tuberculosis. The location is on a high ridge of land about a mile from the city and within two minutes' level walk from the cars. The grounds are well drained and supplied with abundance of shade and water. The equipment includes a small frame structure for kitchen, a dining-room, tent, and two rest tents.

The camp furnishes a lunch in mid-forenoon and in mid-afternoon, and a substantial dinner at noon. Patients arrive about 8.30 A. M. and leave about 6.30 P. M.

Application should be made to the medical director. Residents of Holyoke are given the preference.

LAWRENCE

Day Camp of the Lawrence Anti-Tuberculosis League (May 16, 1908):

Capacity: 8.

Medical Director: Dr. George P. Howe.

The Day Camp is located on the grounds of the Lawrence General Hospital. Patients arrive at 8.30 A. M. The day is spent in rest under

the awnings and shade of the camp. Competent nurses are always in attendance. A lunch of bread and butter and milk is given soon after arrival. At noon a hearty meat or fish dinner is served. Just before the patients leave at 5.30 P. M. another lunch of bread and butter and milk is served them.

Applications should be made to the Anti-Tuberculosis League.

LOWELL

Lowell General Hospital Tuberculosis Camp (1906):

For incipient cases only.

Capacity: 28.

There are no charges.

Superintendent: Miss Sara A. Brown.

The camp is open only six months of the year, from May to October. It is composed of three wooden shacks. It is not a day camp, for patients stay continuously while the camp is open. The location is on high ground, entirely separate from the hospital, but only five minutes' walk from it.

Application should be made to the hospital.

NEW BEDFORD

Day Camp of the Portuguese League for Assistance to Consumptives (January 26, 1908):

For all classes of needy consumptives.

Capacity: 20.

There are no charges.

Medical Director: Dr. John Charles da Silva Pitta.

The camp is situated on grounds adjoining the League's headquarters, at 1123 Rockdale Avenue. It is operated chiefly for needy Portuguese patients, this class being numerous in New Bedford.

A pavilion adjoining the house, used for offices and rest rooms, accommodates four night patients. Most of the patients, however, are at the camp only during the daytime. A conveyance carries the patients from the nearest car line to the camp.

SANATORIA

MASSACHUSETTS

Application should be made to the medical director, at 1123 Rockdale Avenue.

PITTSFIELD

Springside Sanatorium, 31 Springside Avenue (December, 1906):

For incipient and moderately advanced cases.

Capacity: 12.

Rates: \$15 to \$25 per week.

Superintendent: Miss Mary E. Sullivan.

There is a full staff of attending physicians, but no resident physician.

Springside Sanatorium at Pittsfield is in the Berkshire Hills, and is far enough removed from the city to escape the noise and traffic, but yet near enough to the different trolley lines to be easy of access to the Union Station.

The house has a southwestern exposure, with modern improvements and wide verandas and sleeping porches.

Application should be made to the superintendent.

RUTLAND

Rutland Cottages (April, 1902):

For early and moderately advanced cases of pulmonary and laryngeal tuberculosis.

Capacity: 100.

Rates: \$7 to \$25 per week.

Physician-in-charge: Dr. David P. Butler.

This sanatorium consists of eight houses, varying in capacity from eight to twenty-one beds. Two of the buildings have been recently constructed for this work. One of these, the Maple Lodge Sanatorium, is so equipped that patients may sleep with their heads in the open air. There is a nurse in charge of each cottage. Four of the houses have private rooms only and four are run on the ward system.

The grounds extend over eighty-five acres of woodland and pasture.

Milk and farm supplies are raised on the place. The elevation is 1100 feet, and the cottages have the same natural advantages as the State institution in the vicinity.

Application should be made to Dr. David P. Butler, Rutland, Mass.

SHARON

The Sharon Sanatorium (February, 1891):

For women of limited means who are in comparatively early stages of pulmonary tuberculosis; not for the far advanced.

Capacity: 23.

Rates: \$5 per week, exclusive of laundry.

Medical Director: Dr. Vincent Y. Bowditch, Boston.

Resident Physician: Dr. Walter A. Griffin.

Sharon is 18 miles from Boston, on the Providence Division of the New York, New Haven and Hartford Railroad, at a general elevation of about 300 feet. The sanatorium stands on high grounds, sheltered on the north and northwest by thick woods, the whole estate comprising about 150 acres. There is one large building, facing south, and well supplied with piazzas, an infirmary for those who need hospital care, and cottages for the matron and physicians. Payments from patients cover less than a third of the actual expenses, the rest being met by voluntary contributions.

Application must be made to the superintendent.

SPRINGFIELD

Day Camp of the Springfield Association for the Prevention of Tuberculosis (June 4, 1908):

For all classes of consumptives who can walk.

Capacity: 20.

There are no charges.

Matron: Mrs. Agnes Kelley.

Medical Directors: Dr. R. S. Benner and Dr. J. I. Butler.

The equipment of the camp consists of three camps and a frame

shack for cooking purposes. The camp is located on the Boston Road near Rushville on a little wooded knoll. It is easily reached by car or carriage.

TEWKSBURY

State Hospital (tuberculosis building opened in 1900):

Separate buildings for consumptives who are State charges; all stages of the disease are received.

Capacity: 100.

There are no charges.

Superintendent: Dr. John H. Nichols.

The hospital is situated in a grove of white pines, on sandy soil, at an elevation of 135 feet. The male tuberculosis building is two stories in height and contains six wards. An additional wing to accommodate 50 patients is being built on this building. On January 1, 1908, a tuberculosis hospital for women was opened, with a capacity of 40 beds. Three shacks, each with a capacity for 20 patients, have been running for two years.

These buildings are part of the State General Hospital, which has a capacity of over 2000. The tuberculosis buildings are all situated at a distance of at least one-half mile from the main group of buildings.

Admission is granted by the Overseers of the Poor.

WELLESLEY HILLS

The Convalescent Home of the Children's Hospital (1903):

Receives children who have been under treatment for tuberculous diseases in the Children's Hospital of Boston.

Capacity for tuberculous patients: 30, though more can be cared for if necessary.

Rates: \$7 per week or whatever the patients can pay.

Superintendent: Sister Katherine Margaret.

Secretary: Mrs. H. S. Hunnewell, 146 Beacon Street, Boston.

The children sleep in two shacks, which are connected with the large play-room by a covered passage. The children are kept in the open air as much as possible.

SANATORIA

MASSACHUSETTS, MICHIGAN

Application should be made at the Children's Hospital, Huntington Avenue, Boston.

WOBURN

Woburn Anti-Tuberculosis Camp (June 10, 1908):

For all classes of consumptives.

Capacity: 31; about 20 patients can be cared for in the daytime only.

Rates: 50 cents per day; \$3 per week. Five patients are cared for free of charge.

This is both a day and night camp, as some patients stay continuously. The equipment consists of one large pavilion for dining-room and administration purposes; 3 sleeping tents, a kitchen tent, and two rest tents. The camp is located on the highest land in the city. Running water is installed in each tent. The camp is conducted by the Woburn Medical Association.

Application should be made to any physician in Woburn.

MICHIGAN

HOWELL

Michigan State Sanatorium (September 1, 1907):

For incipient cases only.

Capacity: 38.

Rates: \$1 per day; \$7 per week. Those unable to pay are cared for as State and county charges.

Superintendent: Dr. R. L. Kennedy.

The Michigan State Sanatorium was established by a special act of the Legislature in 1905 "for the treatment of such persons as shall be proven by proper bacteriologi-clinical examination to be suffering from tuberculosis."

The Sanatorium is situated two and one-half miles southwest of the village of Howell, Livingston County, at the highest point of the natural watershed of the lower peninsula, and is approximately 1100 feet above

SANATORIA

MICHIGAN

the sea-level. The property consists of 270 acres, 192 of which was given to the State by the citizens of Howell, the money being raised by popular subscription. It is of a rolling, sandy loam, well adapted to the growing of fruits and vegetables, and permits of the best possible drainage from a sanitary point of view. An admirable water-supply is secured from a series of natural springs on the property, and, by pumping this into an elevated reservoir, ample pressure is afforded for all practical purposes as well as protection in case of fire. A superior quality of ice is also secured from a small lake at the main entrance fed by these same springs.

The Sanatorium proper consists of an administration building, around which is grouped a number of shacks. The administration building contains the dining-hall, offices, laboratories, kitchen, laundry, staff and help quarters, and two infirmary wings accommodating ten patients each. The infirmary wings, which are provided for patients requiring special care or nursing, are so constructed as to give perfect ventilation and allow each patient the privacy of his own bed-room and the opportunity to sleep out of doors on a sheltered veranda if advisable.

Application should be made on printed blanks to the superintendent through a regular examining physician.

DETROIT

Tuberculosis Hospital of the Board of Health (July, 1908):

For all classes of indigent consumptives.

Capacity: 25.

There are no charges.

Medical Director: Dr. G. L. Kiefer.

The city in 1908 appropriated \$1400 to the Health Department to erect two shacks on Hamilton Boulevard.

ELOISE

Wayne County Tent Hospital (1904):

For all classes of indigent consumptives.

Capacity: 24.

SANATORIA

MICHIGAN, MINNESOTA

There are no charges.

Superintendent: Dr. J. J. Marker.

Resident Physician: Dr. R. H. Earle.

This hospital is on the grounds of the County Home and cares for the indigent tuberculous inmates of that institution. It is located 15 miles from Detroit. The patients are cared for in tents.

Applications should be made to the Superintendent of the Poor at Detroit.

GRAND RAPIDS

Municipal Tuberculosis Sanatorium (June, 1907):

For indigent consumptives in all stages of the disease.

Capacity: 24.

Rates: \$10 per week for non-residents. Indigent consumptives of Grand Rapids are treated free.

Superintendent: Mrs. Hugo Lupinski.

Attending Physician: Dr. Ralph Apted.

The Board of Health of Grand Rapids is making progressive efforts to care for the tuberculous patients of that city. A pavilion constructed on a newly adopted design, which assures a maximum amount of fresh air with a minimum amount of inclosure, is to be built in 1908. This will be one of the several that are to be built. The Sanatorium is located on high ground, on a tract of 31 acres just outside of the city limits.

Application should be made to the Board of Health.

MINNESOTA

WALKER

State Sanatorium for Consumptives (opened January 1, 1908):

For persons in the early stages of pulmonary tuberculosis who have been residents of Minnesota for at least one year.

Capacity: 60.

Rates: \$7 per week. No free beds, but county and city officials pay expenses of some patients.

Superintendent and Resident Physician: Dr. Walter J. Marcle.

This Sanatorium is the result of the labors of a commission appointed under an act of the Legislature of 1901 to study the tuberculosis question. This same commission was later, in 1903, instructed by the Legislature to erect a sanatorium, the State appropriating \$25,000 for this purpose.

A location was selected near Leech Lake in Cass County, 740 acres of land were procured, and the institutional buildings begun. Two cottages and one of the wings of the main building were ready for occupancy on January 1, 1908. It is near the town of Walker, on the Minnesota and International Railway, 200 miles due north of St. Paul. The lake, which furnishes an excellent water-supply, is a quarter of a mile distant and about 200 feet below the buildings, so that the dampness from the water will not reach the patients. The sandy soil allows excellent drainage. Railway facilities are nearby, the sanatorium station being on the grounds one-half mile distant from the buildings; there is an admirable opportunity for gardening and grazing, making possible the production of vegetables, milk, and eggs for use in the sanatorium.

The buildings are planned especially for the carrying out of the open-air treatment. The present main building is but a part of the general plan and has been adapted to present needs, containing the dining-room, kitchen, laundry, apartment for superintendent, rooms for other employees, and a ward each for men and women patients, with locker rooms and excellent bathing facilities. The piazzas are sufficiently large for all patients to sit out at one time and are thoroughly screened. The two cottages are erected on the plan of the open-air "lean-to" used at other sanatoria. Each has a central section heated and containing a sitting-room, and a bath-room well equipped, including shower-baths and lockers; and a sleeping pavilion extending out on either side, open to the south, screened and provided with canvas curtains to be used during inclement weather. Patients sleeping in the pavilions are practically out of doors.

Application should be made to the local medical examiners in various parts of the State or to any of the city or county officials of the poor.

MINNEAPOLIS**Christian Tent Hospital**, 46th Avenue, South and Lake Street

(July 11, 1906):

For incipient cases chiefly. Some advanced cases are received.

Capacity: 15.

There are no charges.

Nurse-in-charge: Miss Catherine E. Browne.

Application should be made to George H. Christian.

Hopewell Hospital (August 1, 1908):

For indigent advanced cases.

Capacity: 30.

There are no charges.

Superintendent: City Physician.

The Hospital is located on high ground adjoining the workhouse, but is entirely distinct from this latter institution. The nucleus of the sanatorium is one shack, costing about \$400, and accommodating thirty patients. The capacity will be enlarged by adding other units as occasion demands.

Application should be made to the Board of Charities and Correction, City and County Building, Minneapolis, Minn.

The Thomas Hospital (September, 1908):

For advanced cases only.

Capacity: 40.

The Hospital was erected by Mr. George H. Christian at a cost of \$60,000 and was turned over to the United Church, a Scandinavian body, who will conduct it. It is one of the best equipped hospitals for advanced cases in the northwest. The Associated Charities of Minneapolis opened a Children's School Camp on the hospital grounds in the summer of 1908.

PINE CITY**Pokegama Sanatorium** (1906):

For incipient cases only.

SANATORIA

MINNESOTA, MISSOURI

Capacity: 30.

Rates: \$16 to \$25 per week.

Medical Director: Dr. H. L. Taylor.

The Sanatorium is located on a neck of land projecting into the Snake River, and part of a tract of 240 acres, which comprise the grounds of the institution. There are two shacks, one for men and one for women. Tents are also used in summer.

Application should be made to Dr. H. L. Taylor, Lowry Arcade, St. Paul, Minnesota.

ST. PAUL

St. Paul Tuberculosis Camp (July, 1908):

Capacity: 6.

Medical Director: Dr. H. L. Taylor.

The camp is the first effort along institutional lines to care for tuberculous patients in St. Paul. It is located on a high bluff overlooking the Mississippi River in the outskirts of St. Paul.

The camp is conducted by a special committee, of which James H. Skinner is chairman, and Sydney B. Dean is Secretary. In addition to the six patients who are cared for day and night, there are several day patients.

Application should be made to the Secretary.

MISSOURI

MOUNT VERNON

Missouri State Sanatorium for Incipient Pulmonary Tuberculosis (August 1, 1907):

For incipient cases only.

Capacity: 50.

Rates: \$5 per week for county patients; \$50 a month for private patients.

Physician-in-chief: Dr. O. H. Brown.

Medical Director: Dr. William Porter.

The Missouri State Sanatorium for Incipient Pulmonary Tuberculosis is located in Mount Vernon, twelve miles from Aurora and sixty miles from Springfield, on a branch of the Frisco railroad extending from Greenfield to Aurora. The Sanatorium is situated on a bluff, with an altitude of 1400 feet above sea-level.

The plans of the architect call for a group of twelve or fifteen buildings. There are to be eight villas, which will be for the use of patients. Four will be for women and four for men. The villas are one story in height, so that a thorough system of ventilation can be installed, and so that patients will not need to climb stairs.

Each villa accommodates twenty-four patients. When entirely completed, the sanatorium will have a capacity for two hundred.

Applications should be made through the local medical examiners to the superintendent.

KANSAS CITY

Municipal Tuberculosis Sanatorium :

The city has purchased a tract of 60 acres of land about nine miles from the center of the city, and on the highest elevation in the county. Here it is proposed to erect a modern tuberculosis sanatorium. At present (1908) the plan is to build an administration building, bath-house, dining-room and kitchen, besides thirty bungalows for the housing of patients.

A fund of \$10,000 is being raised by private philanthropy to help the city build and equip the institution. This will make it possible under the State laws to receive others than pauper patients in the sanatorium. Dr. R. O. Cross has charge of this fund.

At present the city is caring for its indigent tuberculous patients in 24 beds of the Kansas City General Hospital.

KIRKWOOD (St. Louis County)

The Parkwood Sanatorium (July 27, 1908):

For incipient and moderately advanced cases of pulmonary tuberculosis, and for children with other forms of tuberculosis.

SANATORIA

MISSOURI

Capacity: 25.

There are no charges, but patients pay if they can.

Physician-in-charge: Dr. Howard Carter.

The Sanatorium is conducted by the St. Louis Society for the Relief and Prevention of Tuberculosis. It is located at Kirkwood near the city of St. Louis and is intended primarily for St. Louis patients.

Application should be made to the secretary of the St. Louis Society, No. 625 Locust Street.

SAINT LOUIS

Mount St. Rose Sanatorium, 9200 South Broadway (1902):

For all stages of pulmonary tuberculosis.

Capacity: 65. This will be doubled during 1908.

Rates: \$5 to \$25 per week for those able to pay; others admitted free if there is room.

Medical Director: Dr. William Porter, 3886 Washington Boulevard; there is also a resident physician.

Mount St. Rose Sanatorium is situated outside the city boundaries, on a high site, and with 25 acres of ground. The building is new and has fifty rooms. It is supported by voluntary contributions and fees from patients, and is under the supervision of the Sisters of St. Mary.

Application for admission should be made to Mount St. Rose Sanatorium.

St. Louis Female Hospital, 5600 Arsenal Street:

Receives women in all stages of tuberculosis.

Capacity for tuberculous patients: 15.

There are no charges.

Superintendent: Dr. O. H. Elbrecht.

This is a general hospital for women, owned by the city and operated by the Health Department. It is located on the highest ground in the city limits. Tuberculous patients are cared for in an isolated ward of the main building.

Application should be made to the City Dispensary.

Tuberculosis Annex of the City Hospital:

For all classes of indigent tuberculosis patients.

Capacity: 50.

There are no charges.

Superintendent: Dr. Walter C. G. Kirchner.

The City Hospital has a special pavilion for outdoor treatment, and also uses two isolated wards for tuberculous patients.

Application should be made at the City Dispensary.

NEBRASKA**LINCOLN****Nebraska Orthopedic Hospital (1905):**

Receives case of surgical tuberculosis in all stages.

Capacity for tuberculous patients: 40.

There are no charges.

Superintendent: Dr. I. P. Lord.

Attending Physician: Dr. H. Winnett Orr.

This hospital sets aside two large wards and a solarium for surgical cases of tuberculosis.

Applications should be made to the superintendent.

Sunlight Sanatorium (June 1, 1907):

Especially for tuberculosis of bones and joints and other forms of surgical tuberculosis. Pulmonary cases are also received.

Capacity: 16.

Rates: \$15 to \$25 per week. A few patients in needy circumstances are cared for at reduced rates.

Superintendent: Dr. H. Winnett Orr.

Resident Physician: Dr. A. H. Walker.

The institution, the only one of its kind in the State, is located within the city limits on an acre of high ground overlooking City Park. It can be reached within twenty minutes from any railway station.

Application should be made to the superintendent.

SANATORIA

NEBRASKA, NEW HAMPSHIRE

OMAHA

Douglas County Tuberculosis Hospital (June, 1908):

For all classes of consumptives.

Capacity: 30.

There are no charges.

Superintendent: Andrew Farrar.

Resident Physician: Dr. Louis Swoboda.

The hospital is located at the County Farm, and consists at present of a central service building with two wings, one for men and one for women. The latter are sleeping quarters, and are so fitted that patients receive an abundance of fresh air. The building cost about \$5000.

Application should be made through the county physician. The hospital is intended only for indigent consumptives of Douglas County.

NEW HAMPSHIRE

GLENCLIFFE

State Sanatorium for Tuberculosis:

The establishment of a State Sanatorium was recommended in 1902 by the State Commission appointed to consider the subject, but the bill was defeated. The bill was again introduced during the session of 1905, and was passed to take effect in May, 1907. The measure provided an appropriation of \$50,000.

When the measure became a law, in May, 1907, the governor and council appointed a board of trustees, which board, together with the governor and council, selected, at Glencliffe, a site containing 400 acres. The location is somewhat north of the central part of the State, on the slope of Moosilauke Mountain, at an elevation of about 1100 feet. The Sanatorium will probably be commenced in 1909.

PEMBROKE

Pembroke Sanatorium for Tuberculosis (1901):

For early and moderately advanced cases of consumption.

Capacity: 35.

Rates: \$15 to \$25 per week.

Resident Physician: Dr. Henri T. Fontaine.

Pembroke Sanatorium is situated on the southern slope of Pembroke Hill, at an altitude of 600 feet, overlooking miles of typical New Hampshire scenery. It is reached by the electric railroad running from Concord to Manchester. A pine forest on the north, east, and west affords protection from the cold winds of winter, and considerably modifies the temperature.

Owing to the peculiar topography of this section, there is but little rainfall as compared to the surrounding country. The storms pass to the east and west of Pembroke Hill along the valleys.

There is an administration building and 17 "camps," each accommodating two patients. These "camps" have hardwood floors and are open in front, provided only with canvas doors for protection when it is necessary.

Application for admission should be made to Superintendent, Pembroke Sanatorium, Concord.

NEW JERSEY

GLEN GARDNER

New Jersey Sanatorium for Tuberculosis Diseases (October 25, 1907):

A State sanatorium for cases of a curable nature.

Capacity: 104.

Rates: \$5 per week. Patients are admitted without charge whose inability to pay \$5 a week is determined by a competent court.

Superintendent: Dr. Samuel B. English.

Resident Physician: Dr. H. B. Dunham.

The New Jersey State Sanatorium for Tuberculous Diseases is located at Glen Gardner, Hunterdon County, on the Central Railroad of New Jersey, 52 miles from New York and 16 from Phillipsburg, about 1000 feet above sea-level. The site of the Sanatorium is on the slope of a mountain where the State has acquired 600 acres. The slope has been cut away and leveled for a considerable space, and here the buildings are constructed.

SANATORIA

NEW JERSEY

The buildings consist of a service building, administration building, and east and west wards. The service building is 84 by 110 feet, three stories, including basement, in which is the engine-room and electric-light plant. Two boilers of 125 horse-power each furnish steam to run the dynamos and the exhaust steam is utilized for heating the building.

All the buildings are built of field stone, stuccoed on the outside and finished with white plaster on the interior. The floors are of hard maple and concrete and the trimmings are of poplar. Each building has its own heating apparatus. Bath and toilet rooms are located on each floor, with special shower-baths on the second floor of the ward building. The buildings are so constructed that additions may be made.

The buildings are erected on the southern slope of the hill and are protected from northwesterly winds by thick forests on the north and west sides. These forests in the future will be converted into parks with shaded walks and drives. The grounds are spacious and tents and wooden shacks for summer can be added as they are required.

Applications for admission should be made to any one of the local medical examiners, who reside in any of the principal cities of the State.

NEWARK

Day Camp of the Visiting Nurses' Association (July 24, 1908):

Capacity: 6.

Nurse-in-charge: Miss Eleanor Ashenbach.

The Camp was started in the summer of 1908 in order to relieve somewhat the crowded condition of the city and county institutions. The Camp was opened only two days a week at the beginning, but will be opened more of the time later.

The Camp is located at Arsdale Terrace in the Vailsburgh section of Newark. It is conducted by the Visiting Nurses' Association, to whom application should be made.

ORANGE

Memorial Hospital, 224 Essex Avenue (special building opened in 1906):

SANATORIA

NEW JERSEY

A general hospital with a separate pavilion for all tuberculosis cases.

Capacity of the tuberculosis building: 22.

Rates: For patients able to pay, the rates are \$6 per week.

There are two resident physicians and a large attending staff.

The tuberculosis pavilion contains two wards. Patients are admitted in all stages of advancement. The hospital is endowed, and it receives, besides, an annual subsidy of \$1000 from the city. The income from these sources is supplemented by fees from patients and by contributions.

Application for admission should be made at the office of the Hospital.

SECAUCUS

Hudson County Tuberculosis Hospital (September, 1908):

For all classes of consumptives.

Capacity: 120.

Superintendent: Dr. Berthold S. Pollak.

The Hospital is located at Laurel Hill near Secaucus, where the other county institutions are. The shacks, accommodating ten patients each, are grouped about the administration building. There are sufficient hospital wards to provide for bed cases.

Application should be made to the county or city authorities of the poor, or to the superintendent.

VERONA

Newark City Tuberculosis Sanatorium (April 1, 1908):

For incipient and moderately advanced cases.

Capacity: 75.

Rates: \$5 per week. About 40 or 50 of the beds are free.

Superintendent and Resident Physician: Dr. Isaac E. Gluckman.

The Sanatorium is located at Verona, about 10 miles from Newark, in the Orange Mountains at an elevation of about 900 feet above sea-level. A former public building has been fitted up to provide accommo-

dations for Newark's tuberculous patients. Private rooms are set apart for pay patients. Free patients are kept in wards.

Applications should be made at the Newark City Dispensary on Broad Street.

NEW MEXICO

ALAMOGORDO

Fraternal City Sanatorium (September 1, 1907):

For incipient and cases in the second stage.

Capacity: 100.

Rates: \$7.50 to \$15 per week. A free bed fund is being secured.

Medical Director: Dr. O. M. Miller.

Manager: M. P. Moody.

The Sanatorium buildings are situated three and one-half miles southeast of Alamogordo on a gentle slope at the very edge of the Sacramento Mountains, at an elevation 412 feet higher than Alamogordo, making the elevation of the buildings 4744 feet above sea-level. The buildings themselves have been arranged to accommodate almost any character of residence: there are dormitories where a number of patients may sleep; rooms that may be occupied singly or en suite; some having suites of from two to four rooms with toilet-rooms in connection; and the special arrangement of openings renders it possible to have sunshine and be practically out of doors, or to so regulate the openings that any degree of ventilation may be had.

Application should be made to the manager.

ALBUQUERQUE

Southwestern Presbyterian Sanatorium (July 1, 1908):

For all tuberculous cases, except those in the hopeless stages of the disease.

Capacity: 15.

Rates: \$40 per month.

Superintendent: Rev. Hugh A. Cooper.

SANATORIA

NEW MEXICO

The Sanatorium is located in the city of Albuquerque overlooking the Rio Grande River. The altitude is about 5000 feet.

The Sanatorium is being erected by the Synod of New Mexico of the Presbyterian Church (North). The plans for the completed institution call for an outlay of \$1,000,000.

Application should be made to the superintendent.

St. Joseph's Sanatorium (May, 1902; special building for tuberculosis, October, 1903):

Not exclusively for the treatment of tuberculous patients, but the recently built annex is reserved for their accommodation; all stages of the disease are received.

Capacity of the annex: 40.

Rates: There are 15 free beds; for other patients the rates are \$10 per week in wards, and \$15 to \$25 in private rooms. In tents,—steam-heated, electric light, and electric bells,—rates, \$15 to \$20 per week.

There is no resident physician, but a visiting and consulting staff of fifteen.

The Sanatorium is located on a high plot of ground in the outskirts of the city. In the tuberculosis building there are four wards and eight private rooms. The Sisters of Charity of Cincinnati are in charge, and the staff of physicians is appointed by the Bernalillo County Medical Association.

Application should be addressed to the Sister Superior.

EAST LAS VEGAS

St. Anthony's Sanatorium (1896):

For all stages of pulmonary tuberculosis.

Capacity: 35.

Rates: \$9 to \$15 per week.

There is no resident physician.

The nearest railroad station is Las Vegas, situated on a level prairie, a few miles from the foothills of the Rockies, the main range of which is in plain sight beyond. The altitude is 6300 feet above the sea.

SANATORIA

NEW MEXICO

The Sanatorium was erected by and is still in charge of the Sisters of Charity of Leavenworth, Kansas. It is a two-story building, of brick and stone, 170 feet in length, and well supplied with broad verandas. There are no wards; each patient has a private room.

Application should be made to the Sister Superior.

FORT BAYARD

United States Army General Hospital (1899):

For tuberculous soldiers of the regular army; for discharged tuberculous soldiers who are beneficiaries of the Soldiers' Home, Washington, D. C., and for officers of the army on the active or retired list who have tuberculosis.

Capacity: 400.

Rates: Rates for officers are \$1 per day. The expenses of maintenance of the other patients are defrayed from army appropriations and from the funds of the Soldiers' Home.

Commanding Officer: Lt.-Col. G. E. Bushnell. Eight other physicians, three of whom are commissioned medical officers of the army, reside at the Hospital.

The Hospital is situated at an elevation of 6165 feet, nine miles from Silver City. It is exclusively for soldiers and officers of the regular army. Civilians are not admitted.

Application should be made to the Surgeon-General or Adjutant-General, all admissions being by authority of the War Department.

FORT STANTON (Railroad and express station, Capitan)

Public Health and Marine Hospital Service Sanatorium (1899):

Exclusively for the treatment of tuberculosis; admission is governed by regulations of the Public Health and Marine Hospital Service; eligible persons are received in any stage of the disease.

Capacity: 250.

Rates: There are no charges for accepted applicants.

Surgeon in Command: Major P. M. Carrington; there are also in residence five assistant physicians and three pharmacists.

SANATORIA

NEW MEXICO

This Sanatorium is supported by the Federal Government for the benefit of seamen employed on the merchant marine vessels of the United States, officers and men of the revenue-cutter service, keepers and crews of lighthouse establishments, and seamen employed on vessels of some other branches of the public service, other than the navy. There are more than twenty buildings of various kinds. Most of them are of stone and adobe, and they are arranged on four sides of a square "parade ground," which has been converted into a lawn. More than ninety tents and tent houses are in use. The reservation contains 43.3 square miles, nearly all inclosed, and produces a great variety of crops. Dairy and beef herds are maintained and horses bred. The altitude is 6230.

Application should be made to the Surgeon-General, United States Public Health and Marine Hospital Service.

LINCOLN

Ranch Sanatorium for Tuberculosis (July 1, 1906):

For all classes of consumptives.

Capacity: 20.

Rates: \$50 per month, including all expenses at the Sanatorium.

Superintendent and Resident Physician: Dr. James W. Laws.

This institution is situated ten miles east of Fort Stanton, the seat of the United States General Hospital, and at an elevation of 5500 feet.

Applications should be made to the superintendent.

SANTA FÉ

St. Vincent Sanatorium and Hospital:

Not primarily for tuberculosis, but cases of consumption are admitted in any stage of advancement.

Capacity: 25.

Rates: \$10 to \$25 per week, general nursing included.

Resident Physician: Dr. J. Massie.

This institution is under the management of the Sisters of Charity. The Hospital receives its support in part from the territory and in part from patients' fees. It is located in the central part of the town.

The Sanatorium is situated on an elevation of 7000 feet and is well protected from high winds and sand-storms by the surrounding mountains. Application should be made to the Sister Superior.

Sunmount Sanatorium (1907):

For consumptives in the first and second stages of the disease.

Capacity: 25.

Rates: \$12.50 per week and upward. Two beds are partially endowed.

Resident Physician: Dr. Frank E. Mera.

Business Manager: John Fielding, Jr.

Sunmount is situated in the foothills of the Sangre de Cristo Mountains, one mile from the city of Santa Fé. Each person may have a cottage, although two persons may occupy one of the larger cottages. In this case a reduction is made in the rate. These buildings have a wooden roof and frame, the sides being covered with canvas. All the cottages face the south, so that they receive the full benefit of the sun.

Applications should be made to the business manager.

SILVER CITY

St. Joseph's Sanatorium (established in October, 1901):

Admits cases of pulmonary tuberculosis which promise reasonable prospects of material improvement or cure.

Capacity: 35.

Rates: \$100 per month, which includes all necessary expenses.

Resident Medical Director: Dr. William J. Hammer, formerly

First Assistant Physician, The Loomis Sanatorium, Liberty, New York.

Silver City has 4500 inhabitants, and is the terminus of a branch of the Atchison, Topeka and Santa Fé Railroad, which connects with the main lines of the Southern Pacific and the Rock Island Systems at Deming, forty miles south, thereby rendering the Sanatorium easy of access from large railroad centers of the east and west. The altitude is 6000 feet; average rainfall, 16.2 inches; average annual number of cloudy days, 25.

The Sanatorium is situated on an eminence on the outskirts of the town, well protected by adjacent hills, and commands an extensive view of neighboring mountain ranges. The buildings, of brick, are in California Mission style, surrounding a central court. They are one story high and one room in width, with wide porches extending along the whole length of their four sides. Thus each room opens on two porches, and insures the privacy of one of a series of connected cottages, with excellent facilities for sleeping out of doors throughout the year. The infirmary is located in a separate building for patients requiring special care and for emergency cases. A clinical laboratory and a "throat room," for treatment of affections of the upper respiratory tract, have complete modern equipments. A large recreation room, with piano, billiard table, etc., provides suitable amusements. The Sanatorium régime is under the control of the medical director, and the institution is conducted by the Sisters of Mercy.

Applications should be made to Dr. William J. Hammer, Resident Medical Director.

New Mexico Cottage Sanatorium (1907):

For pulmonary and laryngeal tuberculosis in curable stage of the disease.

Capacity: 65. Ten beds will be added each year till the capacity is 100.

Rates: \$83 per month, which includes laundry, nursing, and all service, except medicine and special treatment. There are two endowed cottages.

Physician-in-Chief: Dr. E. S. Bullock.

Business Manager: Wayne MacV. Wilson.

The site consists of 340 acres of land, two and one-half miles north of the town of Silver City. In addition, the institution controls about 400 acres of land for purposes of pasture. The surrounding mountains rise to an altitude of two or three thousand feet above the institution. The site is a natural basin and is protected by the mountains from the prevailing west wind. A good road connects the institution with Silver City. The general scheme of architecture is a modification of that known as "Old Mission," and the buildings are grouped around squares

SANATORIA

NEW MEXICO, NEW YORK

or plazas. They are all substantially constructed of cement. There are about 15 service buildings and 65 individual cottages for patients. The cottages are placed 30 feet apart around three plazas, named, respectively, the Founder's Court, the Carnegie Court, and the Lee Memorial Court. Nearly half of the wall space is controllable for purposes of ventilation. Each cottage provides accommodations for but a single patient. All the cottages are connected with the chief nurse's room by electric bells.

Application should be made to the business manager.

NEW YORK

RAY BROOK

State Hospital for the Treatment of Incipient Pulmonary Tuberculosis (July 1, 1904), situated at Ray Brook, Essex County: Primarily for the poor, but pay patients will be received when there is room for them; one year's residence in this State is a required condition. Incipient cases only are admitted.

Capacity: 120.

By a provision of its charter the Hospital is required to give preference to the indigent, admitting others only when vacancies occur. The authorities by whom the patient is sent are required to pay transportation to and from the Hospital and \$5 per week for maintenance.

Physician-in-charge: Dr. Albert H. Garvin.

The State Hospital is located in the Adirondacks, four miles southeast of Saranac Lake and six miles west of Lake Placid. There is an administration building, with a pavilion on each side connected with the central building by wings to be used as sun-rooms. The 516 acres of land adjoin the Forest Preserve. The altitude is 1625 feet.

Application should be made to the nearest public authorities having charge of the relief of the poor, or to the official medical examiners, whose names may be obtained from the superintendent.

ALBANY

Albany County Almshouse :

Receives advanced cases of tuberculosis.

Capacity for tuberculous patients: 30.

There are no charges.

Superintendent: William H. Storrs.

Resident Physician: Dr. John J. Lyons.

The County Hospital at the Almshouse sets aside two of its wards for the treatment of tuberculosis. The wards are isolated and well lighted and ventilated.

Application should be made to the Overseers of the Poor.

Central Federation of Labor Tuberculosis Pavilion, McCarthy

Avenue (August, 1 1908):

For both incipient and advanced cases.

Capacity: 12.

Rates: \$1 per day; \$7 per week.

Superintendent: Miss Mary McHugh.

Physician-in-charge: Dr. Andrew MacFarlane.

The Pavilion is located in the southern part of the city, and is situated on a high elevation overlooking the Hudson River. The Pavilion contains two wards of six beds each, one for advanced and one for incipient cases. A porch 90 feet long and 10 feet wide is used by the incipient patients for lounging and sleeping purposes. Tents to accommodate four patients will also be installed.

The Pavilion was constructed and is operated by the Central Federation of Labor of Albany.

Application should be made to the superintendent.

Albany Red Cross Day Camp (1908):

Capacity: 15.

Nurse-in-charge: Miss Nellie Coligan.

Attending Physicians: Dr. Howard Van Rensselaer, Dr. Henry Hun, and Dr. Charles K. Winne.

The Camp is located on Kenwood Heights in the southeastern part of Albany on land furnished by the Albany Hospital for Incurable Cases.

SANATORIA

NEW YORK

The Camp is conducted by the Albany Subdivision of the New York State Branch of the National Red Cross, which is a sub-committee of the Albany Tuberculosis Committee of the State Charities Aid Association.

BEDFORD STATION (Westchester County)

Montefiore Country Sanatorium (1897):

Exclusively for poor consumptives in the early stages of the disease.

Capacity: 173.

There are no charges.

Medical Superintendent: Dr. L. Rosenberg.

Consulting Physician: Dr. Alfred Meyer.

Adjunct Consulting Physician: Dr. George Mannheimer.

The institution is situated on a farm of 200 acres at an altitude of 450 feet. The building is formed of four two-story wings, connected by long, wide corridors, in which the rest cure is taken; each ward terminates at its southern end in a spacious solarium. The exposure is south-southwest. The buildings proper house 163 patients, the additional number being accommodated in old trolley-cars. The patients assist in the lighter tasks connected with the institutional management, and selected ones are employed in the vegetable garden and on the grounds surrounding the institution. There is a properly equipped school for the younger patients and such of the older ones as are deficient in the rudiments of the English language. A little weekly publication, "Our View," is conducted by the patients, the type-setting for which is done on the premises by inmates. There is a well-stocked circulating library and various organizations of a literary and social character.

Application should be made at the city office, 138th Street and Broadway, New York City.

BINGHAMTON

Mountain Sanatorium of the Binghamton City Hospital (July 9, 1908):

For incipient cases only.

SANATORIA

NEW YORK

Capacity: 20.

There are no charges.

The Mountain Sanatorium was opened as a private philanthropic venture in 1905, but was closed for lack of funds in January 1, 1906. On July 9, 1908, the property was leased to the city of Binghamton for a term of six months. The city provided \$2000 for maintenance until January 1, 1909, and steps were taken to make a larger provision in the budget of 1909. The Sanatorium is operated as a branch of the City Hospital.

The Sanatorium is located in the eastern end of the city on a high hill overlooking the Susquehanna River.

Application should be made at the City Hospital.

BLOOMINGDALE-IN-THE-ADIRONDACKS

Sunset Rock (1905):

For all classes of consumptives.

Capacity: 20.

Rates: \$12 per week and upward.

Superintendent: W. C. Smith.

Resident Physician: Dr. George C. Wankel.

Sunset Rock is located on a tract comprising 100 acres on the hills overlooking the village of Bloomingdale, at an elevation of 1800 feet. The sanatorium is reached via New York Central Railroad to "Gabriels" or D. & H. R. R. to Bloomingdale station.

Application should be made to the resident physician.

BROOKLYN (see New York, Borough of Brooklyn)

BUFFALO

Day Camp for Consumptives (July 1, 1908):

For all classes of consumptives.

Capacity: 40.

There are no charges.

Physician-in-charge: Dr. George J. Eckel.

Supervisor and Visiting Physician: Dr. John H. Pryor.

The Day Camp is conducted by an independent organization organized for this purpose. The Camp is located on the outskirts of the city. It is open only during the summer months from June or July to November.

Application should be made to Dr. George J. Eckel at the Tuberculosis Dispensary of the Charity Organization Society, 165 Swan Street.

Erie County Consumption Hospital (1902):

For indigent consumptives of Erie County.

Capacity: 60.

Resident Physician: Dr. E. J. Gilray.

The Poor Farm, on which this hospital is situated, consists of 156 acres just within the city limits, at an altitude of about 600 feet. The building for consumptives is an isolated one of stone, connected with the main hospital by corridors, and containing six wards, four single rooms, and four sun-rooms. A new open-air veranda will be built in 1908. There will be double drop windows so that the whole ward will be thrown open except when it storms. There will be sleeping accommodations for forty or fifty patients. A separate kitchen, to furnish diet for all tuberculous patients, has also been provided for. The hospital is supported jointly by the city of Buffalo and by Erie County.

Application for admission should be made to the Superintendent of the Poor, Buffalo.

EAST VIEW

Westchester County Hospital (pavilion for consumptives, 1904):

The Hospital is for the care of the poor of Westchester County, whatever their disease; cases of contagion only are excluded.

Rates: All the beds are free to persons committed by the Poor Master or Commissioner of Charity. In case of vacancies pay patients will be received at the rate of \$7 per week.

Capacity of the new building: 40.

House Physician: Dr. L. E. Hyman.

A brick building containing two general wards, three isolation rooms, and sun parlors has been erected, for the separation of tuberculous patients.

Application for admission should be made to the Superintendent of the Poor of Westchester County.

GABRIELS STATION (P. O. Gabriels)

Sanatorium Gabriels (1897):

For early cases of consumption and convalescents from other pulmonary diseases.

Capacity: 70.

Rates: From \$10 to \$18 per week, according to location of rooms; one free patient is taken in every ten.

Resident Physician: Dr. H. J. Blankemeyer.

Assistant Resident Physician: Dr. Mary E. Topham.

The location is a broad park of undulating ground, rising gradually to Sunrise Mount (altitude 2000 feet), which shelters the buildings from the north winds. It is surrounded by pine and spruce forests. The sanatorium consists of an administration building, surrounded by cottages. The special feature is the system for heating and ventilation, by which air from outside is continually being warmed and introduced into the rooms. The entire volume of air throughout the buildings is changed in the course of five minutes. The Sisters of Mercy are in charge. A small magazine, "Forest Leaves," is published quarterly by the Sanatorium.

Application should be made to the Mother Superior.

LAKE KUSHAQUA

Stony Wold Sanatorium (October, 1903):

For women and children in the early stages of tuberculosis who are not able to pay in full for treatment.

Capacity: At present 95, of whom 22 are children, boys under twelve years. The plan contemplates room for 150.

Rates: \$7 per week.

SANATORIA

NEW YORK

Medical Board: Drs. E. G. Janeway, Francis Delafield, Charles H. Knight, C. M. Cauldwell, and James E. Newcomb, of New York; Drs. Henry Hun and Arthur G. Root, of Albany; and Dr. Thomas R. French, Brooklyn, N. Y.

The architect's plans contemplate two long dormitories on each side of an administration building. At present the central building, containing offices, dining-room, assembly rooms, and apartments for the resident staff, is completed, and two of the dormitories. In each dormitory there are twenty-five bed-rooms, a sitting-room, a sun parlor, nurses' apartments, diet kitchen, and bath-rooms. The location is near the lake, among the pine woods. Instruction in the ordinary school branches is provided for the children. The funds for building and maintenance are derived entirely from voluntary contributions. Lake Kushaqua is in Franklin County, nine miles from Paul Smith's, on the Adirondack Division of the New York Central and Hudson River Railroad.

Application should be addressed to Mrs. James E. Newcomb, President, 118 West 69th Street, New York City.

LIBERTY (Sullivan County)

Loomis Sanatorium (1896):

Exclusively for the treatment of tuberculosis.

Capacity: 125 in the Sanatorium proper (rates, \$15 to \$40 per week); 40 in the annex (rate, \$5 per week); 14 in the intermediate division (rate \$10 per week); there are 22 supported beds.

Physician-in-chief: Dr. Herbert Maxon King; there are three assistants, who are also in residence at the Sanatorium.

The Loomis Sanatorium is designed and equipped for the care of tuberculous invalids presenting a fair prospect of recovery, and for patients who, for one reason or another, are predisposed to the development of the disease. It is situated on the southern slope of a range of hills, at an elevation of 2300 feet above tide-water and 600 feet above the village of Liberty, Sullivan County, N. Y. It is on the main line of the New York, Ontario and Western Railway, and is distant from New York about four hours by rail. The institution consists of the Sanatorium proper and the annex.

The Sanatorium proper comprises several more or less distinct and independent units. It is arranged on the cottage plan with a central administration building, new reception hospital, chapel, library, casino, and sixteen cottages. It has a capacity of 125 patients. Upon admission to the Sanatorium proper all patients are placed in the reception hospital (rate thirty-five dollars per week). Subsequently, after a period ranging from a few days to several weeks, and as soon as conditions justify it, the patient is transferred to one of the regular cottages, where the rates range from fifteen to thirty dollars per week. Advanced or acute cases remain in the reception hospital while the symptoms require it. (The rates in all cases include medical attendance and all other necessary expenses, except the actual cost of such medicine as may be prescribed, and laundry. For extraordinary service, such as massage, an additional charge is made.)

Several of the cottages are adapted for housekeeping and may be occupied by patients with their families, or by several patients under the charge of a nurse, thus enabling them to live under sanatorium régime and discipline, and at the same time enjoy the advantage of home life.

The annex of the Loomis Sanatorium is the philanthropic feature of the institution, and is designed for the care of such patients only as are in the incipient stage of the disease, without fever or other symptoms indicating treatment in bed, and who are unable to pay more than five dollars per week, which is the rate charged in this division. It is situated about three-quarters of a mile from the Sanatorium proper and has a capacity of forty patients.

The intermediate division of the Sanatorium, known as the Chapman Cottage, has a capacity of fourteen patients, equally divided as to sex. The rate is uniformly ten dollars per week. There are no private rooms in the annex or intermediate division, but an excellent system of sleeping porches and lean-tos makes it possible for all patients in these divisions to sleep out of doors, thus enabling them to spend almost the entire twenty-four hours in the open air of summer and winter.

During the year 1907 there have been supported by benevolent friends of the Sanatorium twenty-four free beds at the annex.

All inquiries of a medical nature or regarding the admission of patients should be addressed to the physician-in-chief, Dr. Herbert Maxon King.

Minturn House :

For ambulant incipient and convalescent cases.

Capacity: 100.

Rates: \$10 per week and upward.

Proprietor: R. Minturn.

There is no resident physician, but the physicians of Loomis Sanatorium are within easy reach.

This is not a sanatorium, but is a large boarding-house, where guests are obliged to observe rigid sanitary rules, and where proper attention is paid to diet and sleeping arrangements.

Application should be made to the proprietor.

NEW YORK (Boroughs of Manhattan, Bronx and Richmond)

Ferry-boat Day Camp of the Bellevue Hospital Tuberculosis Clinic (June 1, 1908):

For all classes of tuberculous cases.

Capacity: 100.

There are no charges.

Physician-in-charge: Dr. James Alexander Miller.

The double-deck ferry-boat "Southfield," formerly of the Staten Island line, was first used as a day camp for tuberculosis cases in 1907 by the Charity Organization Society. The success of this philanthropic experiment induced the trustees of Bellevue and allied hospitals to continue the work. The "Southfield" is anchored at the foot of East 26th Street, off the grounds of Bellevue Hospital. Patients arrive at 9 A. M. and leave at 5 P. M. During the day they receive medical attention, and are also given a mid-day dinner and two lunches. Light occupation is provided for those patients who are able to work. A kindergarten is provided also for the children.

Application should be made at the Tuberculosis Clinic of Bellevue Hospital.

The Home for Incurables, occupying an entire block at Third Avenue and 181st Street:

Receives a few consumptives in single rooms.

SANATORIA

NEW YORK

Not more than 12 can be accommodated at one time, and the usual proportion is about 6 out of 250 patients.

Rates: \$10 per week and up, in single rooms.

Medical Superintendent: Dr. Israel C. Jones.

Applications should be addressed to the medical superintendent.

The House of Rest for Consumptives, Bolton Road and 209th Street (1869):

Chiefly for advanced cases of consumption.

Capacity: 48.

There are no charges, the institution being supported by endowments and voluntary contributions.

Superintendent: George E. Sauer.

There is no resident physician.

The institution was originally located at Mt. Hope, Tremont, but in December, 1901, the estate at Inwood was purchased and the necessary alterations were made. The primary object is to provide a refuge for incurable consumptives, but hopeful cases are not excluded. A "Fresh Air Department" was started nearly two years ago, and the results thus far have been very satisfactory.

Application should be made to the superintendent.

Montefiore Home, a Hospital for Chronic Invalids and Country Sanatorium for Consumptives, Broadway and 138th Street (1884):

One ward is reserved for patients in advanced stages of consumption who are unable to pay for treatment.

Capacity: Capacity of the consumptive ward, 44.

There are no charges.

Superintendent: A. Hausmann.

There are four resident physicians.

Montefiore Home occupies an entire block in the northwestern part of the city, near the Hudson River. This and the Country Home at Bedford Station are charities supported by the Jewish philanthropists of the city.

Application for admission should be made to the superintendent.

New York County Red Cross Day Camp (October 1, 1908):

For incipient and moderately advanced cases.

Capacity: 40.

There are no charges.

Superintendent: Charles B. Grimshaw. The medical supervision of the camp will be in charge of the regular staff of the clinic.

This clinic, conducted by the New York County Subdivision, New York State Branch, American National Red Cross, is located on the roof of the Vanderbilt Clinic Building at the corner of 60th Street and Amsterdam Avenue. The roof has been fitted up for the purpose of a day camp at a cost of \$10,000 by the clinic, which furnishes also the medical supervision of the camp. The New York County Red Cross supplies the nursing attendance, food, and other necessities to the patients. This camp will be opened during the daytime throughout the entire year. It is hoped soon to have the camp running both day and night. As soon as accommodations can be made, more advanced cases will be received.

Application should be made at the Vanderbilt Clinic.

Riverside Sanatorium for Pulmonary Diseases (1903):

For poor consumptives of New York City in any stage of pulmonary tuberculosis.

Capacity: 98.

There are no charges.

Resident Physician: Dr. F. S. Westmorland.

The Riverside Sanatorium is located on North Brother Island, East River, in three one-story pavilions divided into two or more wards. It is supported by the city and is under the direct management of the Department of Health.

Application for admission should be made to the Division of Communicable Diseases, Department of Health, 55th Street and Sixth Avenue, New York City.

St. Joseph's Hospital for Consumptives, St. Ann's Avenue and 143d Street (1882):

For poor consumptives, irrespective of nationality or religion; patients in all stages are received, but the majority are advanced cases.

Capacity: 400.

Rates: There are 350 free beds; the charge in private wards is \$5 per week; in private rooms, \$10.

Physician-in-chief: Dr. Charles M. Cauldwell.

Physician-in-charge; Dr. Henry Wollner.

Consulting Physicians: Drs. John Dorning and Frank E. Miller.

Visiting Physicians: Drs. H. L. Shively, J. H. Larkin, J. L. Dinning, F. H. Dillingham, J. B. Manning, A. R. Braunlich, J. F. Holmes, J. J. Dunleavy, H. D. Goetchins, J. B. Huber, and A. H. Travis.

Visiting Surgeons: Drs. W. J. Furness, M. J. Schwerd, and C. H. McIlwaine.

This institution covers the entire block between St. Ann's and Brook Avenue and 143d and 144th Streets. It is owned and conducted by the Roman Catholic order of the Sisters of the Poor of St. Francis. There is a garden attached to the grounds. The main building is a four-story structure, facing south, with east and west wings. It is lighted by gas and heated by steam radiators. The ground floor is divided into waiting-rooms, sitting-rooms, offices, examining-rooms, and small wards. The three upper stories are each divided into five large wards, five small wards, and a few single rooms. The chapel occupies a separate extension. In the rear of the main building, but separated from it, is a house devoted to the use of incipient and arrested cases of consumption. An average of 1700 patients is treated each year.

The institution is supported by voluntary contributions and by appropriations from the city.

Application should be made to the Sister Superior.

Sea View Hospital:

Realizing the inadequate provision made for consumptives by the city, the Department of Charities in 1905 secured an appropriation of approximately \$1,000,000 to build a new hospital for incipient cases of tuberculosis on grounds adjoining the Farm Colony, about two miles from the village of Castleton Corners on Staten Island, or the Borough of Richmond of New York City.

Considerable opposition was manifested against the building of the hospital. In 1907 the courts held that the Department of Charities,

under whose jurisdiction the hospital was to be, could not operate such a hospital. The Department of Charities is, however, at present (1908) building the new hospital, since nothing in the injunction prevented such action.

When entirely finished, this will be the largest tuberculosis sanatorium in the United States. It will have a capacity for at least 800 patients. The site selected is the highest point in the immediate vicinity of New York, being over 500 feet above sea-level. The grounds are ample and afford a varied topography and scenery. The buildings will be on the pavilion plan.

Seton Hospital, Spuyten Duyvil Parkway (1895):

For all stages of pulmonary tuberculosis and for other forms of tuberculosis in children.

Capacity: In Seton proper, 200 men; in new annex, Nazareth, 175 women and children.

The wards of the Hospital are generally kept filled with patients dependent on the Department of Public Charities, and the cost of their treatment is met by the city.

There are also twenty-five or thirty private rooms for persons able to pay from \$10 to \$20 per week.

Resident Physician: Dr. M. N. Nahigan.

The site is an eminence of about 200 feet elevation overlooking the Hudson. The buildings are of modern type in regard to sanitation and ventilation. A maximum amount of sunlight and fresh air is available both in wards and in private rooms. The institution is in charge of the Sisters of Charity. There are four resident physicians and a number of the specialists of the city are on the visiting and consulting staff. The chief source of income is the fees paid by the city, but the institution receives some funds also from private patients, voluntary contributions, and endowments.

Private patients should apply directly to the superintendent of the Hospital; by others application should be made to the Superintendent, Bureau of Dependent Adults, Foot of East 26th Street, New York City.

Tuberculosis Infirmary, a division of the Metropolitan Hospital, Blackwell's Island (January, 1902):

For consumptives in all stages of the disease, who are unable to pay for private treatment.

Capacity: 684. This represents some degree of crowding.

Rates: All beds are free, but patients may pay \$5 per week if they desire.

Superintendent: Dr. George Taylor Stewart.

The Infirmary is under the control of the Department of Public Charities, and is a part of the Metropolitan Hospital. It consists of two brick buildings, one for males and one for females, and fourteen tents and two pavilions. The two large buildings were formerly used for a hospital for the insane, so that the patients sleep in separate rooms and alcoves. They contain 434 of the 684 beds of the Infirmary. The number of patients at this institution is very often in excess of the number of beds. On April 14, 1908, the number of patients was 708, or twenty-four more than there were beds.

Plans have been approved for an entirely new hospital to replace the present Infirmary. The new institution will consist of a group of several substantial brick buildings arranged about an open quadrangle, and designed particularly for advanced cases. One hundred and eighty thousand dollars was appropriated in 1907 for the first of these buildings, which will be completed probably in 1910. This will give 90 more beds to the Infirmary. The present plans for the completion of the institution call for an expenditure of \$600,000 and will provide for 300 patients.

Application for admission should be made to George W. Meeks, Superintendent of the Bureau of Dependent Adults, Department of Public Charities, foot of East 26th Street. Applicants must be residents of New York City.

NEW YORK (Borough of Brooklyn)

Brooklyn Home for Consumptives, 240 Kingston Avenue (1881):

For consumptives of Brooklyn, without distinction of color or nationality, in whatever stage of the disease they may be.

Capacity: 115.

There are no charges.

Twelve visiting physicians attend the institution.

This institution is a large building pleasantly located in the city. From the beginning of its work, over twenty-five years ago, patients in an apparently hopeless condition have not been refused. Frequently, however, a cure has been effected in spite of all the probabilities against it. The income is derived from interest on endowments and from voluntary contributions.

Application for admission should be made to the Home by letter or telephone.

St. Peter's Hospital, Henry, Congress and Warren Streets:

A general hospital, but five wards are reserved for consumptive patients.

Capacity of consumptive wards: 124.

There are no charges.

Physicians-in-charge: Drs. T. M. Lloyd, J. A. Kene, T. A. McGoldrick, P. F. Pyburn, C. A. Phillips, P. J. York, A. Kane, T. Keating, S. C. Romane.

There are always four physicians-in-charge, serving for terms of two months.

Tuberculous patients are received in all stages of the disease and are treated in separate wards. The capacity of these wards is about one-sixth the total capacity of the Hospital. The Hospital is under the charge of the Sisters of the Poor of St. Francis. This order is planning to build a tuberculosis sanatorium in Woodhaven, Jamaica, but have not decided when they will begin the work.

Applications for admission should be made to the Sisters, between 9 A. M. and 12 M. and 3 and 5 P. M.

Sea Breeze Hospital, 29th Street and Surf Avenue, Coney Island:

For non-pulmonary tuberculosis of the bones or glands in children from three to ten years of age.

Capacity: 45.

Rates: \$8 per week. Some of the patients do not pay, but there is no fixed number of free beds.

Superintendent: Miss Alice Page Thomson.

Attending Surgeon: Dr. Leonard W. Ely.

This experimental sanatorium, the first of its kind in America, was established and is maintained by the New York Association for Improving the Condition of the Poor. It is located on the Coney Island shore, at Surf Avenue and 29th Street, at Sea Breeze, the Association's fresh-air home, and is sufficiently far removed from the amusement halls and gaities to be undisturbed by the noise of the usual Coney Island crowd.

The scope of the hospital is limited to the treatment of non-pulmonary tuberculosis in children from three to ten years of age. It is not expected to carry out major surgical operations, nor is it feasible to make all the appliances necessary for the treatment of joint and spinal cases. It is rather intended to prevent the use of the surgeon's knife and to hasten convalescence when operations have been necessary, and to prove to the community that hygienic means may avail in some cases which otherwise would be referred to the surgeon or considered hopeless. A public school teacher is assigned to the camp by the New York Board of Education.

A fund of \$250,000 was completed by June, 1906, by the Association for Improving the Condition of the Poor, to build a permanent sea-side hospital, to continue this work. The institution is to be built on land provided by New York City at Rockaway Beach, but the building of the hospital has been delayed for nearly two years by the failure of the city to acquire the site. It is uncertain when such action will be taken. Meanwhile the Association is continuing Sea Breeze Hospital at Coney Island.

Application should be made to the New York Association for Improving the Condition of the Poor, 105 East 22d Street, New York City.

OTISVILLE

Otisville Sanatorium of the New York City Department of Health (May, 1906):

For male incipient and hopeful cases.

Capacity: 140.

There are no charges.

Acting Superintendent: Frederick Sprenger.

Resident Physician: Dr. E. S. McSweeney.

Otisville is located in Orange County about 15 miles west of Middletown on the main line of the Erie Railroad. The Sanatorium is situated at an elevation of about 1200 feet. The buildings are of the shack and lean-to type, built according to the latest models. The grounds of the Sanatorium include an ample dairy farm and fruit orchard and furnish an abundant water-supply.

Application should be made to any of the three clinics of the Department of Health in the Boroughs of Manhattan, the Bronx, and Brooklyn. Only male patients are admitted.

ROCHESTER

Monroe County Hospital (1906):

Receives all classes of indigent consumptives.

Capacity for tuberculous patients: 27.

There are no charges.

Superintendent: C. V. Lodge.

Resident Physician: Dr. Ralph H. Knapp.

When the new County Hospital was opened in 1906, special wards with light and air on three sides were provided.

Applications should be made to the county or city poor authorities.

Municipal Hospital for Incipient and Moderately Advanced Cases of Tuberculosis (May, 1904):

Capacity: 60.

Rates: According to the ability of the patient, up to \$7 per week.

Some few pay a little.

Physician-in-charge: Dr. G. W. Goler.

The Rochester Municipal Hospital for Tuberculosis is situated on a knoll in the suburbs. Ten acres of land surround it. Sixteen additional acres are being converted into park land. The hospital wards are large, and ample windows sink into baseboards below the floor, converting the wards into open-air pavilions. There is a solarium 48 by 32 feet. The treatment consists of rest out of doors nearly every hour of the day. Abundance of good, clean, well-cooked food, and milk from tuberculin tested cows are provided.

SANATORIA

NEW YORK

This hospital is maintained by the city of Rochester, as part of its work against tuberculosis.

Application should be made to the physician-in-charge.

Day Camp of the Rochester Public Health Association (July 15, 1908):

For ambulant cases only.

Capacity: 20.

There are no charges.

Medical Directors: Drs. F. W. Bock and D. B. Jewett.

The Camp is located on the grounds of the Municipal Tuberculosis Hospital on Clifford Avenue. The cost of equipment and maintenance for the first season was about \$1500.

ROME

Oneida County Tuberculosis Hospital (1909):

For all classes of indigent tuberculous cases.

Capacity: 120.

This hospital is one of the results of the campaign of the State Charities Aid Association and of the State Department of Health. It will be located on the grounds of the County Farm. The completed building will cost over \$85,000. It will probably be ready for use by May 1, 1909.

SANTA CLARA (Franklin County)

Hill Crest and Uplands, summer vacation houses, not a sanatorium (June, 1895):

For working girls and women who are threatened with tuberculosis or are in the incipient stages.

Capacity: 56.

Rates: Full board \$7 per week, sometimes paid by the friends of the girls; others are allowed one month free, after which they pay whatever they can afford, usually from \$3 to \$5 per week.

Resident Physician: Dr. Caroline M. Stengel.

The Working Girls' Vacation Society exists, as its name indicates,

SANATORIA

NEW YORK

for the purpose of making suitable vacations possible for working girls who are broken down in health. The two houses at Santa Clara are used for those who have tuberculous tendencies or are already in the first stages of the disease. The length of stay is determined by the examining physician. In the summer of 1907 it averaged nearly six weeks for the 133 girls cared for.

Santa Clara is located in the Adirondacks, 40 miles northwest of Saranac, on the New York and Ottawa Railroad, at an altitude of 1800 feet. The vacation houses are open from June 1st to November 1st.

Application should be made to Miss A. E. Buchanan, 105 East 22d Street, Room 413, New York City.

SARANAC LAKE

Adirondack Cottage Sanatorium (P. O. Trudeau) (1885):

For persons who cannot afford to pay more than \$7 per week and who are in the very early stages of pulmonary tuberculosis, or are at least favorable types.

Capacity: 110.

Rates: The uniform charge is \$7 per week; there is a free bed fund, the interest of which is applied to prolonging the stay of needy patients.

President: Dr. Edward L. Trudeau.

Resident Physicians: Drs. Lawrason Brown, A. F. Miller, and A. T. Laird.

From a one-room cottage heated by a wood stove and lighted by a kerosene lamp Adirondack Cottage Sanatorium has grown to be a village of twenty-five or more buildings—the main building, twenty-one cottages, an infirmary, a pavilion, a chapel, a library, and a post-office—situated in the Adirondacks, a mile from Saranac Lake, at an altitude of 1650 feet.

In the first years of the existence of this Sanatorium it was a problem to induce patients to go to it and to stay. Now not one in twenty of the applicants can be received, and the waiting-list of successful applicants is usually long. For the benefit of persons who are attracted to Saranac Lake, either in the hope of gaining admission to the Sanatorium or

through confidence in the climate, two unusual accessories have been developed. A Bureau of Information is maintained in the village by the Saranac Lake Society for the Control of Tuberculosis, for the purpose of advising strangers and helping them to find boarding-places, and an Out-Patient Department has, for over three years, given free medical advice to patients on the waiting-list and to unsuccessful applicants for admission who cannot afford to pay for medical treatment. Only patients on the waiting-list are now treated. A monthly magazine, "The Journal of the Outdoor Life," is published at the Sanatorium.

The uniform fee of seven dollars per week does not cover much more than half the cost of maintenance. The deficit is made up by gifts and subscriptions.

Application should be made to any of the following physicians: Dr. Lawrason Brown, Saranac Lake; Dr. James Alexander Miller, New York City; Dr. Linsly Williams, New York City.

Evergreen Lodge (1906):

For all classes of consumptives.

Capacity: 20.

Rates: \$2.50 per day; \$17 to \$35 per week.

Superintendent: Miss Agnes Mahan.

Patients may have choice of seven visiting physicians residing in Saranac Lake.

Evergreen Lodge is situated on the outskirts of the town and adjoining Highland Park, in a grove of pine and balsam trees. The Lodge has a large lower porch and three private porches. On the grounds are two attractive bungalows, each with porch, two rooms, and bath and electric lights. Tents are erected during summer months for those wishing tent life. Two nurses are in attendance for general supervision and service required.

Application should be made to the superintendent.

The Reception Hospital for Pulmonary Tuberculosis (1903):

First—To provide temporary care for tuberculous patients who reside in Saranac Lake and vicinity, who require nursing.

Second—To provide nursing and a short period of treatment for

SANATORIA

NEW YORK

patients who come with the expectation of admission to the Adirondack Cottage Sanatorium, but are refused because of acute or advanced disease.

Capacity: 18.

Rates: \$7 per week, including board, room, medical care, and nursing. Two weeks' board payable in advance. Fifty cents per dozen per week for laundry. Transportation, medicines, and extra nursing are not included in the above.

Medical Director: Dr. Edward R. Baldwin.

Superintendent: Miss Sophie M. Hoerner.

Visiting Physicians: Drs. Charles C. Trembley, Hugh M. Kinghorn, Lawrason Brown.

This institution is located on an elevation in Saranac Lake village, and is designed for tuberculous patients of moderate means. It is maintained by Miss Mary R. Prescott, who assumes the deficit in the cost of maintenance.

Patients are received only when at Saranac Lake and by applying to Dr. Baldwin or one of the visiting physicians. A waiting-list precludes the admission of patients directly from out-of-town.

The Rumenapp Cottage (July, 1902):

Patients received in all stages of tuberculosis.

Capacity: 14 in winter, 22 in summer.

Rates: \$10 to \$15 per week. Extra charges for meals served in rooms, also for extra nursing.

There is no resident physician; Miss Rumenapp is a trained nurse, and the visiting staff consists of Drs. Brown, Baldwin, Allen, Price, Trembley, Twitchell, and Kinghorn.

The house is a two-story cottage with porches on two sides situated in the village, facing Lake Flower.

Application should be made to Miss Edith Rumenapp, Lock Box 596.

SCHENECTADY

Schenectady Red Cross Day Camp (July 1, 1908):

For incipient and moderately advanced cases.

Capacity: 15.

There are no charges.

Superintendent: Miss Sarah Palmer.

Attending Physicians: Dr. C. F. Clowe, Dr. H. L. Towne, Dr. Peter McPartlan, and Dr. J. H. Collins.

The Camp is located in the southeastern part of the city on high ground, and in a wooded grove. The buildings are all tents, built on platforms. The Camp provides accommodations also for several night patients.

The Camp is conducted by the Schenectady Subdivision of the New York State Branch of the American National Red Cross.

Application should be made at the Municipal Dispensary.

TROY

A county hospital will be erected in Rensselaer County during 1909. The Board of Supervisors in 1908 passed a resolution providing that a hospital be built at a cost not to exceed \$25,000.

WEST HAVERSTRAW

New York State Hospital for the Care of Crippled and Deformed Children (1900 began treatment of tuberculous cases):

Receives children with tuberculosis of bones and joints in special wards and pavilions.

Capacity for tuberculous children: 32.

All beds are free.

Superintendent and Surgeon-in-chief: Dr. Newton M. Shaffer.

Resident Physician: Dr. H. W. Urquhart.

This is a large State hospital for all kinds of crippled and deformed children. The tuberculous children are treated in special wards and in tents. A large recreation tent for this class of children is supported by private resources. The Hospital is situated on a plot of 60 acres at a considerable elevation. It is well protected from winds and storms by the surrounding hills.

Application should be made to the superintendent. Only indigent cases who are residents of New York State are admitted.

SANATORIA

NEW YORK, NORTH CAROLINA

YONKERS

Sprain Ridge Hospital (April 6, 1908):

For incipient cases only.

Capacity: 25.

Rates: \$5 per week.

Superintendent: Mrs. Helen Smith.

Attending Physician: Dr. William J. Vogeler.

This institution was erected through the generosity of Alexander Smith Cochran. It consists of an administration building and several cottage bed units, the number of which will be increased as the demand grows. The buildings are located on a high hill about two miles from the city of Yonkers on a tract of 110 acres.

Application should be made to Dr. William J. Vogeler, attending physician, 185 Warburton Avenue, Yonkers, New York. Only residents of Yonkers are admitted.

Municipal Hospital for Consumptives :

Through the joint efforts of the Mayor, the Common Council, and the Sanitary League of Yonkers, steps were taken in 1908 to establish a Municipal Hospital for Consumptives. This institution will probably be erected in 1909.

NORTH CAROLINA

MONTROSE (Cumberland County)

The North Carolina State Tuberculosis Sanatorium (August, 1908):

For incipient cases only.

Capacity: 30.

Rates: \$10 per week, or actual cost of maintenance.

Superintendent: Dr. James E. Brooks, Greensboro.

The site of the new State Sanatorium of North Carolina comprises 936 acres of land, situated in a dry sandy country, at an elevation of 650 feet. The Sanatorium buildings are located on a plateau of about 200 acres. The site provides plenty of land for reservation purposes, a good farm, an abundance of fuel, and water for motive power.

The buildings are on the cottage plan, being 18 by 40 feet in dimension, and provided with piazzas 14 feet wide. The capacity of the institution will be enlarged as occasion demands. It is the intention of the directors to establish a camp about a half mile from the main building, where patients may be able in part to care for themselves at \$7 per month.

Application should be made to the superintendent.

ASHEVILLE

Fairview and Sunnyside Cottages for Tuberculosis (June 16, 1903):

Incipient cases received at Sunnyside; all others at Fairview.

Capacity: 50.

Rates: \$8 to \$15 per week.

Superintendent: Mrs. F. M. Perkins. There is no resident physician.

These two cottages are not sanatoria in the strictest sense, but afford a place where consumptives may find a home at reasonable rates, and receive at the same time good nursing and care. Patients may have their choice of any of the physicians in Asheville. The buildings are located on the side of Sunset Mountain, overlooking the city of Asheville, and are easily accessible by street-car.

Application should be made to the superintendent.

Bristol School Memorial Sanatorium:

The Alumnæ Association of the Bristol School, of Washington, D. C., are raising a fund with which to erect a sanatorium in North Carolina, near Asheville. It is planned to establish an institution where the poor consumptive who has come to North Carolina seeking health, and in that effort has exhausted his means, may find a home and a place for treatment.

It is hoped to open at least one cottage in the spring of 1909. Other cottages will be added as the movement grows. Dr. Charles L. Minor, of Asheville, will be medical director.

Applications for information and other correspondence should be addressed to Miss Katherine E. Bristol, Treasurer and General Manager Tuberculosis Benefit Fund, Mintwood Place, Washington, D. C.

The Winyah Sanatorium (October, 1888):

For diseases of the lungs and throat; advanced or hopelessly exhausted cases of consumption are not admitted.

Capacity: 80.

Rates: \$30 per week and upward.

Medical Director: Dr. Karl von Ruck.

Associated Medical Director: Dr. Silvio von Ruck.

In January, 1900, the Winyah Sanatorium took possession of a new establishment. The site is a wooded park of 20 acres, just outside the limits of the city of Asheville.

The buildings consist of a main structure, a large annex, and two cottages, all connected by glass-inclosed, steam-heated porches and passages. There are piazzas with exposure in all directions, some of them inclosed in glass with movable windows. In addition to the indirect method of steam-heating extending to all parts, there is also an open fireplace in each room. The lighting is by electricity; the water-supply is from an artesian well. A laboratory for clinical work and for scientific research is a feature of the equipment; also special department for laryngology and for physical and electro-therapeutics.

Application should be addressed to Dr. Karl von Ruck.

BILTMORE (Asheville P. O.)**Asheville-Biltmore Sanatorium (January, 1908):**

For early cases only.

Capacity: 25.

Rates: \$15 to \$25 per week; \$60 to \$100 per month. Medical services are extra.

Superintendent and Resident Physician: Dr. Paul Paquin.

This institution is established for the care of sufferers from curable diseases of the respiratory organs, and such other "unobjectionable affections as require rest, open-air life, outdoor sleeping, and especially adapted dietetics." It is situated in a delightful park of many acres, the "Swannanoa Hill," between the boundaries of Asheville and Biltmore.

The living- and sleeping-rooms of guests are erected on the pavilion plan, in a single row, all facing south and southwest. Each room is so

constructed that the occupant may sleep in or out of doors at will, by merely pushing up or pulling down a sash, which is so balanced that it can be readily moved by the slightest effort.

Application should be made to the superintendent.

BLACK MOUNTAIN

Cragmont Sanatorium (1906):

For all classes of consumptives.

Capacity: 30.

Rates: \$20 to \$35 per week.

Medical Director and Superintendent: Dr. I. J. Archer.

The institution is located near the crest of the Blue Ridge Mountains at an elevation of 2500 feet. A half day's climb will bring one to an elevation of 6000 feet, the highest point east of the Rockies. The Sanatorium grounds include a park of 450 acres.

Applications should be made to the medical director upon advice of family physician.

The Pines (1901):

For incipient and moderately advanced cases.

Capacity: 15.

Rates: \$20 to \$30 per week, including nursing and medical attention.

Superintendent and Resident Physician: Dr. Clyde E. Cotton.

The sanatorium is located on the southern exposure of a spur of the Blue Ridge range of mountains. It is one mile west of the crest of Blue Ridge and one mile from the railroad station and the town of Black Mountain. The altitude is 2500 feet. The grounds comprise a tract of 80 acres well adapted for sanatorium purposes.

The main building is of modern construction, especially adapted for the purpose for which it is intended. The rooms are large, sunny, and well ventilated. There is ample piazza space on three sides of the building. Besides the main building, there are a few one-room cottages. These cottages are ventilated similarly to the plan devised by Professor Irving Fisher for tents, through the floor, cupola in the ceiling, and through windows on three sides.

SANATORIA

NORTH CAROLINA

Black Mountain is fifteen miles east of Asheville, N. C., on the Salisbury and Knoxville division of the Southern Railway.

Application should be made to the superintendent.

CHIMNEY ROCK

Dr. Morse's Sanatorium (July 1, 1908):

For incipient and moderately advanced cases only.

Capacity: 8.

Rates: \$15 to \$25 per week.

Superintendent and Resident Physician: Dr. Lucius B. Morse.

Chimney Rock is situated 22 miles to the southeast of Asheville, N. C., 19 miles northeast of Hendersonville, and 17 miles west of Rutherfordton, N. C.; from which points livery and hack service is available.

Application should be made to the superintendent.

HENDERSONVILLE

The Kirkwood Sanatorium (November 15, 1907):

For curable cases only.

Capacity: 25.

Rates: \$18 to \$25 per week.

Medical Director: Dr. William R. Kirk.

There is one three-story building, where patients are housed.

Application should be made to the medical director.

SOUTHERN PINES

The Southern Pines Sanatorium (1898):

Hopeless cases are not received. All other stages of consumption admitted.

Capacity: 20.

Rates: \$15 per week and upward.

Resident Physician and Proprietor: Dr. Edwin Gladmon.

Southern Pines is eleven hours from Washington and sixteen hours

SANATORIA

NORTH CAROLINA, OHIO

from New York. Its altitude is 650 feet. The sand, which in some places is 100 feet deep, insures perfect drainage, and as a result a very low degree of humidity.

Application should be addressed to the proprietor.

TRYON

The Thermal Belt Sanatorium (March 15, 1907):

For all classes of consumptives.

Capacity: 24.

Rates: \$25 per week.

Superintendent: Dr. W. R. Engel.

OHIO

MOUNT VERNON

Ohio State Sanatorium (January 1, 1909):

For incipient cases only.

Capacity: 220.

Rates: \$5 per week. Ten per cent. of the cases may be taken free or at a reduced rate.

Superintendent:

The site of the Ohio State Sanatorium, at Mount Vernon, comprises 355 acres of fertile, porous soil; 125 acres are woodland. Two large springs, with a daily capacity of 250,000 gallons, furnish water for the Sanatorium. The site is two miles from the city of Mount Vernon, near the centre of the State. It is expected that capacity for at least 100 patients will be provided by January 1, 1909. The completed plans call for more than double this number of beds. The buildings will include two reception cottages, six shacks, and an infirmary. The Legislature has appropriated \$350,000 for the erection of the buildings.

CINCINNATI**The Branch Hospital for Consumptives (July, 1897):**

For persons in any stage of pulmonary tuberculosis who have been residents of the city for at least one year.

Capacity: 200 in winter; in summer it can be extended indefinitely by the use of tents.

There are no charges to residents of the city; for patients coming from outside, or for those who wish private rooms, the rate is \$14 per week.

There is no physician in residence; the visiting physician is Dr. B. F. Lyle.

This is a city institution, but is situated outside of the city on its own grounds of 52 acres. The altitude is 850 feet. The main building consists of fourteen wards; the solarium has one large ward and five small rooms; tents are used also, in whatever number is required.

Application should be made to the Cincinnati Hospital.

The Lyle Sanatorium, Glenway Avenue and Rapid Run Pike (September, 1907):

For incipient cases only.

Capacity: 12.

Rates: \$25 per week.

Superintendent and Resident Physician: Dr. B. F. Lyle.

The institution is located on Price Hill, one of the western suburbs of Cincinnati, at an elevation of 450 feet above the level of the city. The site consists of twenty acres of level ground, well wooded and drained. The above rate includes medical and nursing service.

Application should be made to Dr. Lyle, 19 West Seventh Street, Cincinnati, Ohio.

Day Camp Association (1908):

Conducts a day camp for incipient cases.

Medical Director: Dr. Oscar W. Stark.

The Day Camp Association, organized in 1908, started its work with no permanent site for a camp. Patients selected from the city dispensary

were taken out for the day to the country, and were given food and compelled to rest. It is expected later to have a permanent site for the camp.

Application should be made to the Medical Director, P. O. Box 29.

CLEVELAND

Tuberculosis Sanatorium of the Cleveland City Hospital (October, 1903):

For poor consumptives in any stage of the disease.

Capacity: 75.

There are no charges.

Resident Physician: Dr. J. C. Fox.

The Sanatorium is one building, two stories high and 200 feet in length, situated 600 feet from any other building, on the brow of a hill overlooking the city. There are four wards and sixteen private rooms. Spacious porches surround three sides of the building.

Application should be made to Dr. J. D. McAfee, Superintendent.

Children's Fresh-air Camp (1907 began treatment of tuberculous children):

Receives children with surgical types of tuberculosis.

Capacity for tuberculosis: 20.

There are no charges.

Superintendent of Camp: E. J. Henry.

Superintendent of Country Outing: Miss Blanche Esterbrooks.

The Children's Fresh-air Camp owns 22 acres of land on the Buck-eye Road, leading out of Cleveland. The Camp, up to 1907, concerned itself chiefly with giving summer outings to children. But in the above year, in coöperation with the Cleveland Tuberculosis Dispensary, a group of four tents of the Ottawa type was set up for children with open tuberculosis. In 1908 six more tents were added, giving a capacity for twenty children at a time. The Camp is open every year from May 1st to November 1st. The results of the treatment in the tuberculosis tents seem to indicate that a considerably increased number of tents will soon be provided.

Application should be made at the Cleveland Tuberculosis Dispensary.

COLUMBUS**Franklin County Tuberculosis Hospital (1908):**

For all classes of consumptives.

Capacity: 32.

There are no charges.

After two years of successful demonstration in curing tuberculosis by careful treatment, the Columbus Society for the Prevention and Cure of Tuberculosis persuaded the County Commissioners that they ought to build a hospital. Plans were drawn for an institution to cost about \$40,000, but owing to lack of funds at the time, only \$15,000 could be spent in 1908. It was decided, however, to erect later the complete institution, which calls for a central hospital and administration building, with a capacity for about fifty or sixty advanced cases, and a group of shacks for about the same number of incipient cases. In the summer of 1908 three shacks and a dining-room building were opened.

The Columbus Society for the Prevention and Cure of Tuberculosis maintains a summer camp on the Hospital grounds. The Hospital is located on the Infirmary grounds.

Application should be made at the Infirmary.

DAYTON**The Miami Valley Hospital (1903):**

Receives consumptives in all stages of the disease.

Capacity for tuberculous patients: 6.

There are no charges.

The Miami Valley Hospital reserves for consumptives a small isolation building, with accommodations for three patients. Three tents are also used.

Application should be made to the superintendent.

WARRENSVILLE**Municipal Sanatorium for Tuberculosis of the City of Cleveland (1906):**

For cases of tuberculosis in first and second stages of the disease

Capacity: 108.

Practically all beds are free. A few patients pay at a rate not exceeding \$4 per week.

Superintendent: T. C. Emde.

Medical Superintendent: Dr. Joseph C. Placak.

This is the second sanatorium provided by the city of Cleveland, the other being used chiefly for advanced cases in connection with the city hospital. The sanatorium at Warrensville is twelve miles from Cleveland on a tract of 2000 acres, upon which are located other city institutions. It is located on a ridge 700 feet above the highest point in Cleveland. The buildings are of the lean-to style for the most part. Several tents are also used.

Applicants should apply at the City Infirmary.

YOUNGSTOWN

Mahoning County Infirmary, Tuberculosis Hospital (1908):

For advanced cases only.

Capacity for tuberculous patients: 14.

There are no charges.

The Hospital is located on the grounds of the Mahoning County Infirmary, ten miles from Youngstown.

Application should be made to the local authorities of the poor.

OREGON

PORTLAND (Milwaukee Heights)

The Portland Open-air Sanatorium for the Treatment of Pulmonary Diseases (1905):

Preferably for incipient cases, but advanced cases are also received.

Capacity: 40.

Rates: \$10 to \$30 a week.

Superintendent: Miss Catherine McNamara.

Medical Director: Dr. E. A. Pierce.

The Portland Open-air Sanatorium is located at Milwaukee Heights,

SANATORIA

OREGON, PENNSYLVANIA

on the Oregon Water Power and Railroad Company's line, six miles south of Portland, on a bluff three hundred feet high overlooking the Willamette. The soil has a rocky surface and the sanitary conditions are well arranged. It is situated in a fir grove, sheltered from the winds, the climate being so mild and equable that the patients live comfortably in tents during the entire year.

This is the first sanatorium for the treatment of tuberculosis to be established in Oregon. Its equipment consists largely of tents, which can be used the entire year. It is contemplated to erect some specially constructed cottages, and to substitute these and bungalows for the tents.

Application should be made to the superintendent or to the medical director, 1008 Corbett Building, Portland, Oregon.

OAK GROVE

Oak Grove, Sanatorium for Incurables (1907):

Receives advanced and incurable cases.

Capacity for tuberculous patients: 10.

Rates: \$12 to \$25 per week.

Medical Director: Dr. E. A. Pierce. There is no resident physician.

The hospital is conducted by the Benedictine Sisters. It is located at Oak Grove, on the outskirts of Portland, the site comprising three acres of ground. Some free patients are received, and efforts will be made to enlarge this branch of the work.

Application should be made at the Sanatorium to the Benedictine Sisters.

PENNSYLVANIA

MONT ALTO (Franklin County)

Pennsylvania State South Mountain Sanatorium (1907):

For citizens of Pennsylvania suffering from pulmonary tuberculosis and unable financially to go to private sanatoria.

Capacity: 350.

There is no charge except for laundry, the washing being for the present done at neighboring farm-houses. Patients are expected to pay for their own transportation and to come well supplied with clothing. Shelter and food are entirely free.

Resident Physician: Dr. A. M. Rothrock.

This Sanatorium was made possible by an appropriation of \$600,000 by the Legislature of 1907. It includes and supersedes the small South Mountain Camp Sanatorium, formerly conducted by the Commissioner of Forestry, and also the private sanatorium of the Doctors Rothrock. The site, which includes about 600 acres, is in the heart of the Blue Ridge Mountains, on land formerly set apart by the Forestry Commission. The grounds include abundant water-supply and facilities for water-power, sewage, and drainage.

As soon as the money for this institution was made available, in June, 1907, work was at once commenced, and by August 1, 1908, the Sanatorium had accommodations for 350 patients. The permanent unit of the sanatorium will be a frame cottage with the dimensions 27 by 24 feet, accommodating two persons in each of four equal-sized rooms. The cottages will be one story high with an air space for ventilation, and will be so arranged that they can be thrown open to the air, but protected from violent storms when necessary. The heating will be by stoves, and the roofs built of asbestos shingles as a safeguard against fire. The cottages will be twenty-five feet apart and the streets will be fifty feet wide.

Dining-rooms will be in common, one for each four hundred patients. There will be bath-houses provided with spray-, douche-, and shower-baths, but no bath-tub.

Dr. Samuel G. Dixon, State Commissioner of Health, says: "It is anticipated that the South Mountain Sanatorium will in a few years have a capacity of three thousand patients."

Application should be made to the County Medical Examiner in the district where the patient lives.

BLUE RIDGE SUMMIT

The Blue Ridge Mountain Sanatorium (1905):

For incipient and moderately advanced cases.

SANATORIA

PENNSYLVANIA

Capacity: 25.

Rates: \$15 to \$25 per week. Suitable patients are admitted at somewhat reduced rates if they cannot pay the regular charges.

Superintendent: Florence M. Gottshall.

Resident Physician and Medical Director: Dr. A. Barr Snively.

The Blue Ridge Mountain Sanatorium is situated in Franklin County, southeastern part of Pennsylvania, one mile from Blue Ridge Summit, the station on the Western Maryland R. R., two and one-half hours from Baltimore, three and one-half hours from Washington, and five hours from Philadelphia via Baltimore, three hours from Harrisburg via C. V. R. R., via Hagerstown, Md. The elevation is 1650 feet. The climate is equable and cool in summer and dry and bracing in winter. The Sanatorium grounds consist of 15 acres, occupying a knoll from which water is shed in all directions from the buildings and tenting grounds.

The main building is a modern cottage, containing twenty rooms. The sleeping shacks all have a southern exposure. In the summer a tent camp is maintained. There are single and double shacks; the latter have two sleeping-rooms.

Application should be made to the medical director.

LITITZ

Lititz Springs Sanatorium (1904):

For incipient cases only.

Capacity: 18.

Rates: \$2 per day; \$10 per week; \$35 per month.

Superintendent and Resident Physician: Dr. James C. Brobst.

Lititz is a Moravian town of about 2000 population. It has good railroad facilities, being eight miles due north of Lancaster city by trolley; fifty minutes from the city of Reading by R. & C. R. R., and two and one-half hours from Philadelphia.

Application should be made to the superintendent.

MARSHALSEA (Boyce P. O.)

Pittsburg City Home and Hospital (1906):

Receives all classes of tuberculous patients, but particularly advanced.

Capacity for tuberculous patients: 95.

Rates: \$3 to \$5 per week, but most of the patients are admitted without charge as indigents.

Superintendent: M. F. Larkin.

Director of Department of Charities and Correction: Dr. J. P. Shaw.

The tuberculosis hospital is part of Pittsburg's city institutions and is located on an elevation overlooking the other buildings of the Home. The buildings are on the pavilion style and are all modern in equipment and furnishing. The institution is located on the city farm of 459 acres, and is 15 miles from Pittsburg.

Application should be made to the Department of Charities and Corrections, 511 Fourth Avenue, Pittsburg, Pa.

MORTON (Delaware County)

The Dermady Cottage Sanatorium (1903):

Exclusively for pulmonary tuberculosis.

Capacity: 40.

Rates: \$15 to \$35 per week.

There is no resident physician; patients can have the advice of Drs. Lawrence F. Flick, William B. Stanton, Joseph Walsh, D. J. McCarthy, H. M. B. Landis, Charles J. Hatfield, George B. Wood, and Howard S. Anders.

The Sanatorium is ten miles from Broad Street Station, Philadelphia. It is situated on a farm of 65 acres. The single cottage system is adopted exclusively. Dining-room and kitchen are in separate buildings. Day and night nurses are always on duty. Any physician may place and treat patients in this Sanatorium.

Application for admission should be made to Miss Margaret G. O'Hara.

OIL CITY

Grandview Sanatorium for the Care and Treatment of Tuberculosis (1904):

For incipient and moderately advanced cases.

SANATORIA

PENNSYLVANIA

Capacity: 35.

Rates: \$40 per month. One-third of the total number of beds are free.

Superintendent: Miss Elizabeth Carpenter.

Visiting Physician: Dr. F. P. McCarty, of Oil City.

The Sanatorium is located three miles west of Oil City on a farm of 100 acres with an elevation of 1600 feet. The farm, besides furnishing all the vegetables needed at the institution, affords facilities for the support of a herd of seven cows and a flock of 800 chickens.

The buildings are of the shack type, being equipped with excellent facilities for outdoor treatment.

The Sanatorium is supported by voluntary contributions and by the fees of the patients.

Application should be made to the visiting physician, at Oil City.

PHILADELPHIA

Hospital of the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis, 238 Pine Street (1903):

For destitute advanced cases.

Capacity: 52.

There are no charges.

Seventeen physicians are on duty at the hospital.

This hospital is a part of the work conducted by the Phipps Institute. During the year 1907 there were treated in the hospital 261 cases, with a total number of 18,358 hospital days, and a per capita per diem cost for maintenance of \$1.168.

Application should be made to the Institute. (See p. 307.)

Home for Consumptives (including House of Mercy), Chestnut Hill (1876):

For all classes of consumptives, male and female.

Capacity: 70.

There are no fixed charges, but voluntary contributions are accepted from patients or their friends.

Superintendent: Rev. Herman L. Duhring, D.D.

Resident Physician: Dr. Charles M. Montgomery.

The Home for Consumptives, Chestnut Hill, and House of Mercy have been two separate institutions, under the control of the Philadelphia P. E. City Mission, the latter being located at 411 Spruce Street, Philadelphia. In July, 1907, the male patients at 411 Spruce Street were removed to Chestnut Hill, where the female patients were located, and the experiment is now being tried, at least temporarily, of having both departments at Chestnut Hill.

Chestnut Hill is a suburb of Philadelphia, located twelve miles from the center of the city, and is reached by trolley or train.

Blank forms of application are issued on application to the Central Office of the Philadelphia Protestant Episcopal City Mission, 225 South 3d Street, Philadelphia.

Lucien Moss Home, Jewish Hospital, York Pike and Tabor Road
(June, 1900):

For poor consumptives of Jewish faith, in any stage of the disease.
Capacity: 40.

There are no charges.

Chief Resident Physician: Dr. Edwin A. Jarecki.

The building is of brick, four stories high, with sun parlors and separate rooms for patients. There are also three tents for sleeping and recreation and one kiosk. All the sleeping-rooms have a southern exposure.

Application should be made to Dr. Edwin A. Jarecki.

Philadelphia General Hospital, 34th and Pine Streets (1898):

For the poor of the city; consumptives are segregated.

Capacity of the tuberculosis buildings: 300.

All beds are free.

Chief Resident Physician: Dr. Henry Sykes.

For ten years consumptives have been isolated in wards. New buildings have been constructed, especially designed for the treatment of tuberculosis. They include a hospital of sixty-six beds and six pavilions made entirely of glass and steel, each accommodating eighteen. The corridors connecting these buildings accommodate thirty patients.

SANATORIA

PENNSYLVANIA

These buildings are on the highest part of the hospital grounds, not far from the river. The hospital maintains also a farm at Byberry, near the city, where thirty tuberculous patients can be accommodated.

Application should be made to the chief resident physician.

Rush Hospital, Lancaster Avenue and Thirty-third Street (1892):

Exclusively for the treatment of pulmonary and laryngeal tuberculosis; patients in all stages are received.

Capacity: City Hospital, 40; Country Branch, 40.

Rates: \$7 per week in the wards; \$10 to \$20 in private rooms.

There is no resident physician, but the visiting physicians, Drs.

S. Solis Cohen and T. Mellor Tyson, are always accessible.

Superintendent: Miss Elizabeth Brophy.

The city hospital consists of two wards, an open-air pavilion, and private rooms.

The Country Branch, at Malvern, Pennsylvania, accommodates forty patients in small rooms, open-air shelters, and tents.

The large city hospital, with provisions for at least sixty patients, is now building. The institution is supported by a State endowment, fees from patients, and voluntary contributions.

Application should be made to the superintendent.

PITTSBURG

The Tuberculosis Hospital of Pittsburg, corner Bedford and Wandless Streets (February, 1907):

For both incipient and advanced cases.

Capacity: 70.

Rates: \$1 to \$1.50 per day; \$7 to \$10 per week. From 15 to 20 free beds are maintained.

Medical Director: Dr. William Charles White.

Resident Physician: Dr. W. A. Gekler.

The Hospital has aimed from its establishment both to provide treatment for needy sufferers from tuberculosis and also to carry on a vigorous educational campaign.

The tender of a large residence property and four acres of ground at

the corner of Bedford Avenue and Wandless Street, Thirteenth Ward, free of cost for four years, capable of accommodating 45 patients, has made such an organization possible. The property has an elevation of 1200 feet, which gives it freedom from smoke, good air, and a maximum amount of sunshine for this region of the country.

Several shacks have been donated by individuals or by the different city hospitals for the treatment of their own tuberculous cases.

On May 14, 1908, the name of the institution was changed from Pittsburg Sanatorium to its present name, and the work was consolidated with that of the Pittsburg Association for the Prevention of Tuberculosis into The Tuberculosis League of Pittsburg.

Application should be made at the dispensary in connection with the Hospital.

Night Camp of the Tuberculosis League of Pittsburg (May 25, 1908):

For incipient and arrested cases who are still able to work in the daytime.

Capacity: 20.

There are no charges.

Medical Director: Dr. William Charles White.

This is the first night camp to be established in the United States. The object of the night camp is to provide open-air sleeping quarters for tuberculous sufferers who are forced to work during the day. It also offers many advantages to victims of the disease in its early stages who are not ill enough to be idle, and yet who must have the proper treatment, care, and instruction before they reach the stage where they cannot be helped.

Under the new plan the night camp really becomes the homes of the patients, and they are treated according to the most approved and modern methods, without interfering with their work. They eat breakfast at the camp before going to work in the morning, and return to the camp after their day's work. This gives them the opportunity to eat only the proper food at the two most essential meals. They retire to their chair cot as soon as they reach the camp and sleep out of doors all night, the same as the patients who spend all of their time in the open-air hospital.

Application should be made at the Pittsburg Tuberculosis Hospital.

SCRANTON**West Mountain Sanatorium (August, 1903):**

For poor consumptives resident in Scranton; all stages are received.

Capacity: 24.

Rates: There is a maximum charge of \$5 per week for Scranton patients who are able to pay; patients from outside the city are charged \$7 per week. Scranton patients who are unable to pay are admitted free.

There are no physicians in residence, but there is an attending staff of six.

The institution is located on a sixty-acre farm, just outside of the city limits, on a mountain-side, at an elevation of 1600 feet. The land is farmed, and furnishes all the milk, eggs, and garden produce needed. Patients able to work are required to do so.

The hospital building has two wards of ten beds each and is heated by steam. There are also four shacks for two patients each, which can be used all winter, a farmhouse, a barn, and a laundry.

The funds for construction and maintenance are derived mostly from voluntary contribution, the fees from patients being practically a negligible amount. At the last session of the Legislature an appropriation of \$5000 was made for maintenance expenses for two years. The sanatorium was established and is maintained by the Scranton Society for the Prevention and Cure of Consumption.

Applications should be addressed to Dr. J. M. Wainwright, 627 Linden Street.

WHITE HAVEN**Free Hospital for Poor Consumptives (1901):**

For residents of Pennsylvania in the early stages of tuberculosis who are not financially able to provide treatment for themselves.

Capacity: 200.

Rates: \$7 and \$9 per week. There are 100 free beds.

Superintendent: Dr. Alexander Armstrong.

President of the Board of Managers: Dr. Lawrence F. Flick.

The sanatorium is situated near the village of White Haven and is reached by the Lehigh Valley and the Central Railroad of New Jersey. The grounds include 215 acres in the Blue Mountains, at an altitude of about 1500 feet.

The hospital was founded in 1895, but for the first six years its beneficiaries were boarded in existing institutions. The nucleus of the present equipment was a barn, which in 1901 was transformed into a pavilion accommodating sixty patients. There have been built several cottages, with a capacity of sixteen each, and shacks, making an aggregate capacity of 200 beds. An administration building and superintendent's quarters are among the buildings. There is also a children's shack.

The hospital conducts a nurses' training-school, where cured cases from the institution are taught the special nursing of tuberculosis.

Funds for maintenance are provided by contributions from the public and State appropriation.

Application should be made to Miss Helen C. McDevitt, Secretary, 204 South Seventh Street, Philadelphia, to the superintendent, or to any official examining physician.

Fern Cliff Sanatorium (1904):

For incipient cases only.

Capacity: 30.

Rates: \$13 to \$20 per week.

Superintendent: Miss Margaret McDonald.

There is no resident physician, but there is a good staff of visiting physicians.

This institution at White Haven provides treatment for persons who are able to pay a reasonable rate. The methods employed are up-to-date.

Application should be made to the superintendent.

The Orchards Sanatorium for Tuberculosis (1905):

For all classes of tuberculous patients.

Capacity: 17.

Rates: \$12 to \$15 per week; \$48 to \$60 per month.

Directors: M. L. Wightman and A. E. Potts.

SANATORIA

PENNSYLVANIA, PORTO RICO

This Sanatorium is built on the cottage plan; the capacity being enlarged by the use of tents in the summer. Fresh milk and eggs are secured from the institution's own cows and hens and fresh vegetables from the farm.

Applications should be made to one of the directors, who are both graduate nurses.

Sunnyrest Sanatorium (November, 1901):

For pulmonary tuberculosis.

Capacity: 50.

Rates: \$15 to \$25 per week.

Superintendent: Elwell Stockdale.

The place of resident physician is supplied by a physician in the village.

The village of White Haven is situated in the Blue Mountains on the main line of the Lehigh Valley Railroad, 116 miles from Philadelphia and 147 miles from New York, and has an elevation of 1200 feet.

The Sanatorium is visited each two weeks by the following physicians, any of whom may be consulted: Drs. Joseph Walsh, William B. Stanton, Charles J. Hatfield, H. R. M. Landis, Frank A. Craig, George Fetterolf, A. J. Cohen, of Philadelphia, and Dr. A. M. Shoemaker, of White Haven, and Dr. Charles H. Miner, of Wilkes-Barre.

Applications should be addressed to Elwell Stockdale, Superintendent.

PORTO RICO

SAN JUAN (Santurce)

Open-air Sanatorium of the Anti-Tuberculosis League (April 1, 1907):

For incipient cases only.

Capacity: 55.

There are no charges.

Superintendent: Ricardo M. Hernandez.

This is the first sanatorium to be erected in the island of Porto Rico.

It is located at Santurce, a suburb of San Juan, on a site of 20 acres. The city of San Juan appropriated \$2000 for the site of the sanatorium and contributes \$200 a month towards its support. The Legislative Assembly of the island also appropriates the sum of \$6000 annually.

RHODE ISLAND

EAST GREENWICH

Crawford Allen Memorial Hospital for Tuberculous Children

(July 1, 1907):

For children with tuberculous affection of the bones and glands.

Capacity: 40.

All beds are free.

Superintendent: Dr. John M. Peters.

This Hospital is a branch of the Rhode Island Hospital. The grounds and buildings are the gift of Mrs. Anne Crawford Allen Brown.

The Hospital is similar in character to Sea Breeze Hospital in Brooklyn. It is the second seaside hospital for tuberculous children to be established in the country. The Hospital is only open during the summer months. In 1907 the average weight gained was six and one-half pounds per child during his stay at the Hospital.

HILL'S GROVE

St. Joseph's Hospital Annex (1905):

For incurable cases chiefly. Others are admitted.

Capacity: 60.

Rates: \$7 per week, but most patients are admitted without charge.

Superintendent: Sister Mary Eulalia.

This work, originally conducted in the hospital at Providence, was in 1905 transferred to a new building at Hill's Grove, about six miles from the city. Owing to the great increase in the number of applicants, the capacity of the hospital was increased to sixty beds in 1908.

The State in 1907 appropriated \$2500 to the institution. The remainder of the support of the Hospital is derived from voluntary contributions.

SANATORIA

RHODE ISLAND

Application should be made to Sister Mary Eulalia, St. Joseph's Hospital, Providence, R. I.

HOWARD

State Almshouse, Tuberculosis Hospital (special building opened in 1896):

For all classes of consumptives.

Capacity: Tuberculosis buildings, 47.

There is no charge.

Physician-in-charge: Dr. Henry A. Jones.

The Tuberculosis Hospital consists of two pavilions with two long wards, so fitted that patients may be in the open air most of the time. The number of tuberculous patients admitted to this institution is increasing. The pavilions are used for tuberculous poor from all parts of the State. Plans are prepared for the erection of a large new hospital near but distinct from the almshouse.

Admission is by application from Overseers of the Poor in the different cities of the State.

NEWPORT

In the spring of 1908 the Board of Aldermen appropriated \$5000 for the establishment of a hospital for advanced cases. Owing to the continued objection of property-owners and residents of the city, it was impossible to secure a proper building. It is probable, however, that before 1910 the city will have an adequately equipped hospital.

NORTH SCITUATE

Pine Ridge Camp (May 18, 1904):

For all classes of consumptives.

Capacity: 30.

Rates: \$5 per week. One free bed is maintained.

Superintendent and Resident Physician: Dr. A. W. Hughes.

The institution is located on a hillside at a considerable distance from any settlement. The buildings consist of a central administration building and fifteen shacks, each capable of accommodating two persons.

Application should be made to the treasurer, Dr. H. J. Hoye, 194 Broad Street, Providence.

PROVIDENCE

The Fresh-Air School (1908):

For pre-tuberculous and tuberculous children.

Attending Physician: Dr. Ellen A. Stone.

In the summer of 1907 Dr. Ellen A. Stone, of Providence, R. I., conducted a summer camp at her own home for weak and tuberculous children. The success of the experiment was so great that when it came time for school to open in the fall, Dr. Stone and others tried to find some plan to enable these children to have the fresh-air treatment and still go to school. The subject was presented to the Superintendent of Schools and to the School Board, who finally decided to undertake the experiment.

An old school-house, out of use, known as the Meeting Street School, was fitted up for the purpose; one side of the building being torn out, and large swinging windows being put in instead. The League for the Suppression of Tuberculosis supplied the mittens and "sitting out" bags, and agreed to superintend the work. The School Board installed an ordinary kitchen stove, which served the double purpose of heating the soapstones and also the soup for lunch time.

The School opened January 27, 1908, with twenty-two pupils enrolled; all but two grades being represented. It is necessarily an ungraded school.

To secure pupils, letters were sent to the parents of those children who were weak or affected, in the near vicinity of the school. During the first three months in which the school was in operation not one of the pupils was out sick, nor did one of them have a severe cold, although the windows were not closed even in extreme cold weather. Frequently visits were made by the physicians in charge, measurements taken of each pupil, and progress noted. With the coming of the warm weather the soup furnished by the School Board was discontinued and milk substituted in its stead.

SANATORIA

RHODE ISLAND

Day Camp of the Providence League for the Suppression of Tuberculosis (May, 1908):

For all classes of consumptives.

Capacity: 30.

There are no charges.

The Day Camp is conducted by the Providence League for the Suppression of Tuberculosis on the grounds of the Rhode Island Hospital and in conjunction with the latter institution. Patients are cared for only during the daytime.

Applications should be made at 332 Butler Exchange, or at the Out-patient Department of the Rhode Island Hospital.

WALLUM LAKE

Rhode Island State Sanatorium (1905):

For incipient and early cases of tuberculosis.

Capacity: 110.

Rates: \$5 per week. Trustees may admit patients free of charge.

Superintendent: Dr. Harry Lee Barnes.

Assistant Superintendent: Dr. Charles B. Gassett.

Trustees: Rowland G. Hazard, Chairman, John C. Pegram, Dr. William H. Peters, Secretary, J. Truman Burdick, and Henry E. Nugent.

The State Sanatorium is located at Wallum Lake, 650 feet above sea-level, in the northwestern corner of Rhode Island, on the Providence to Southbridge branch of the N. Y., N. H. & H. R. R.

The institution is built on the ward plan and has a capacity of 110 beds. As the Sanatorium is designed for the treatment of early cases, only those patients are admitted who present a reasonable prospect of arrest or cure, and patients who fail to improve after admission will not be kept indefinitely. The charge is \$5 weekly, payable in advance, but the Board of Trustees has authority to admit patients free of charge.

Only residents of Rhode Island are admitted. Application should be made to the superintendent, or to any of the appointed examining physicians.

SOUTH CAROLINA**AIKEN****The Aiken Cottages (October, 1896):**

For men in reduced circumstances with incipient pulmonary tuberculosis.

Capacity: 15.

Rates: \$5 per week; there are three free beds.

Medical Director, in residence: Dr. Charles F. McGahan.

The Aiken Cottages originated with a group of Massachusetts men and women who were impressed with the need of some place where young men attracted to Aiken by the climate, but friendless and unable to pay for proper care, might find a chance of health. Of the eight directors, four are residents of Massachusetts, so that it is largely a New England enterprise.

Aiken is a small village on a sand ridge running from east to west across the State. The sanatorium is at the western edge of the town, on the highest point of ground, at an altitude of 565 feet. Artesian wells, sunk to the depth of 800 feet, supply the water. The main building contains the administration offices, general rooms, and bed-rooms for seven patients. A small cottage, accommodating four, has been added, and recently two shacks for two men each. Each patient has his own room, but sleeps on the piazza outside. The aim of the founders and directors has been from the beginning to keep the characteristics of a home rather than of an institution.

The charge of five dollars per week represents less than half the cost of maintenance, the deficit being supplied by gifts.

Application should be made to Dr. Charles F. McGahan.

TENNESSEE**NASHVILLE****Municipal Tuberculosis Hospital (1908):**

For advanced cases only.

Capacity: 64.

The city of Nashville, after having had a practical demonstration of

SANATORIA

TENNESSEE, TEXAS

the dangers of tuberculosis in the exhibit of the National Association for the Study and Prevention of Tuberculosis, decided to build a municipal hospital at a cost of \$15,000.

The plans as accepted show two ward buildings 150 feet long, one for colored and one for white patients. In the center of each building is a general reception- or reading-room, dividing the male and female ward-rooms. Each ward-room is 16 by 24 feet, and is arranged to accommodate four patients, there being altogether sixteen ward-rooms. Along the front of each building is a ten-foot veranda into which each ward-room opens with practically an open front to each room. The opposite end of each room has three large windows, which afford ample ventilation, and in addition to these arrangements in the roof of the veranda and in front of each room is a section of glass roof 6 by 10 feet, permitting the sun to shine directly into the room. Each ward-room will be provided with hot and cold water accommodations.

The two ward buildings are placed 100 feet apart, while between them and connected by covered entrances will be the two-story building in which will be located the dining-rooms, toilet-rooms, kitchen, and dormitory for the attendants.

The buildings will probably be opened before January 1, 1909.

Davidson County, in which Nashville is situated, has decided to build a hospital for incipient cases, and will coöperate with the city in the treatment of tuberculosis.

TEXAS

DALLAS (Oak Cliff P. O.)

Briggs Sanatorium (1896):

For early cases only.

Capacity: 40.

Rates: \$115 per month and upward.

Medical Director: Dr. W. Von Riedl.

The Sanatorium is situated in the suburbs of Dallas, four miles from the city, on a high prairie, overlooking the city.

Application should be made to the medical director.

EL PASO**The Albert Baldwin Sanatorium (May 1, 1907):**

"For suitable cases of tuberculosis." Hopeless cases are not admitted.

Capacity: 30.

Rates: \$25 to \$40 per week, including all medical and nursing attention.

Superintendent: David G. Baldwin.

Medical Director and Resident Physician: Dr. Robinson Bosworth.

The institution is located in the Highland Park Addition, at the foot of Mount Franklin, on a dry, sandy soil, at an altitude of 3800 feet. The Sanatorium is so located, being surrounded by a semicircular mesa, as to be free from the prevalent dust-storms of this region.

The building is a large three-story structure, thoroughly modern, Spanish Mission in architecture, built of white silicious Arizona stone in the form of a hollow square, every room being an outside room fronting on two porches or on a porch and corridor. There are 10,000 square feet of covered porches. Each patient's room has a porch on either side, or a porch and a corridor on either side, so that a patient may follow sun or shade as he may desire. The porches are so arranged with movable canvas partitions that each patient may have privacy and an individual sleeping porch.

Application should be made to the superintendent.

Sisters' Hospital, Hotel Dieu (1894):

A general hospital, but consumptives are cared for in a separate wing.

Capacity of tuberculosis wing: 50.

There is always a resident physician.

The hospital is situated on a hill in the residence portion of the town. It is a five-story brick structure, heated by steam, lighted by gas and electricity. The Sisters of Charity are in charge.

Application should be made to Sister Catherine.

LLANO**Llano Sanatorium for Tuberculosis (1898):**

For all stages of tuberculosis.

Capacity: 25.

Rates: \$25 per week; \$100 per month. One free bed is endowed.

Proprietor and Resident Physician: Dr. J. T. Bernard.

The Sanatorium is located one mile from the business center of Llano at an elevation of 1100 feet. Individual tent cottages are used for sleeping purposes.

Application should be made to the proprietor.

Texas Sanatorium for Tuberculosis (1903):

For incipient cases, or "desirable cases in the second stage."

Capacity: 50.

Rates: \$25 per week; \$100 per month.

Medical Director: Dr. G. P. Pipkin.

Secretary: Dr. M. M. Smith, 415 Wilson Building, Dallas.

The Sanatorium property consists of a natural park of 60 acres, located upon a high hill, overlooking Llano. The buildings consist of a large administration building of pressed brick, surrounded by wide, covered galleries. One of the features of the institution is that all patients, physicians, nurses, and in fact all inmates, live in the Colorado Sanitary Tent Cottages, which are made with wooden floors, regular house framework, two windows and a door, with wooden wainscoting half-way up the walls, the remainder of the tents being of 16-ounce tent ducking, with a double duck roof separated by a free air space, and provided with a large ventilator.

Application should be made to the secretary.

SAN ANGELO**San Angelo Heights Sanatorium (1906):**

For all classes of consumptives.

Capacity: 15.

Rates: \$15 to \$20 per week; \$60 to \$80 per month.

Superintendent and Resident Physician: Dr. F. B. Magruder.

The Sanatorium consists of a main building which accommodates fifteen people and some other outbuildings. Tents are added as desired, and the capacity can thus be increased indefinitely.

Applications should be made to the superintendent.

Sunny Crest Bungalows (August 1, 1908):

For incipient cases only.

Capacity: 12.

Rates: \$15 per week and upward.

Medical Director: Dr. Boyd Cornick.

Resident Physician: Dr. Herman S. Rha.

The Sanatorium is located in the northeastern suburbs of the city on a high hill overlooking the surrounding country. The buildings are of the bungalow type.

Application should be made to the medical director.

SAN ANTONIO

San Antonio Tent Colony (1906):

For all classes of tuberculous patients.

Capacity: 35.

Rates: \$25 per week; \$100 per month.

Superintendent and Resident Physician: Dr. W. Carlton Farmer.

The San Antonio Tent Colony is located on the highest hill overlooking the city, but is easily accessible by street-cars.

Besides the administration building, which has accommodations for a few patients, there are several individual and specially constructed tents. These tent cottages have curtains on three sides, and the climate of San Antonio is such that these curtains are left up most of the time, day and night. Only one patient occupies each tent cottage.

Application should be made to the superintendent.

VERMONT**PITTSFORD**

Vermont Sanatorium (December 16, 1907):

For incipient and moderately advanced cases of tuberculosis.

Capacity: 32.

Rates: \$1 per day; \$7 per week. There are no free beds.

Superintendent and Medical Director: Dr. Henry D. Chadwick.

The Vermont Sanatorium is the gift of the late Senator Redfield Proctor, and has been erected and endowed at a cost of over \$200,000. The control of the Sanatorium is vested in a board of fifteen trustees, which is a self-perpetuating body.

Pittsford is located in the heart of the Green Mountains in the western part of the State, a few miles north of Rutland.

The site consists of about 250 acres; two-thirds of the tract is covered by woods or growing trees and affords a natural park for summer camps.

The main building has a frontage of over 100 feet, the two cottages of about 80 feet each; the three buildings with their connecting corridors make a frontage of 400 feet. The buildings front slightly east of direct south. They are situated near the front of a high gravelly plateau. The buildings are of brick veneer construction. The interior finish is natural ash with a few rooms in birch. The floors are of hard wood.

All patients' rooms front either direct south or southwest or southeast, and each two rooms have a private outdoor porch where the patients can sit out in the daytime and, if desired, sleep at night. The doors are so arranged that the patients' beds can be rolled out of the rooms onto these private porches.

Application should be made to the superintendent.

VIRGINIA**CHARLOTTESVILLE**

Municipal Tuberculosis Hospital (1907):

For advanced cases.

Capacity: 12.

There are no charges.

Medical Director: Dr. R. K. Flannagan, City Physician.

In the fall of 1907 some wards that had been built originally for contagious diseases were fitted up for advanced cases of tuberculosis. It is expected later to build an adequate institution.

Applications should be made to the city physician.

IRONVILLE (Bedford County)

Virginia Sanatorium for Consumptives (January, 1907):

Chiefly for incipient cases. Some advanced cases that have a chance for improvement are received.

Capacity: 40.

Rates: \$10 per week; \$35 per month.

Superintendent and Resident Physician: Dr. Marcus Junger.

The Virginia Sanatorium for Consumptives is a benevolent society, issuing no stock and paying no dividends, formed to combat the spread of tuberculosis and care for those already afflicted. The institution is located at Ironville, Bedford County, Va., on the main line of the Norfolk and Western Railway, 12 miles east of Roanoke, and easily reached from all parts of the State. It has an elevation of 1350 feet, is well protected by mountains on all sides, and receives an abundance of sunlight throughout the day.

The buildings consist of one pavilion for the accommodation of female patients, matron, and nurses; one dormitory for male patients with heated dressing-rooms, and lavatories attached; one temporary administration building, including dispensary, consulting rooms, laboratory and infirmary rooms for male patients, with separate dining, kitchen, and assembly accommodations, together providing complete accommodations for thirty to forty patients.

Application should be made to the superintendent.

NORFOLK

An appropriation was made in June, 1908, for the purchase and erection of several tents and other needed equipments for a tuberculosis camp at the City Home.

WASHINGTON**SEATTLE**

King County Hospital (Tent Colony for Consumptives started in 1903):

For consumptives without resources.

Capacity: 30.

There are no charges.

Superintendent: Dr. W. H. Corson.

The Tent Colony is located within the grounds of the King County Hospital and about four miles from the center of the city of Seattle. It consists of one large cottage, divided into large wards, reading-room, diet kitchen, toilet, and bath; and two tents so constructed that when ends, walls, and roof are furled, nothing remains but the frame and sub-roof to obstruct the fresh air and sunshine.

Application for admission should be made to the superintendent.

The Pulmonary Hospital of the City of Seattle:

The late Miss Loretta Denney left the sum of \$40,000 to establish an institution which she designated as "The Pulmonary Hospital of the City of Seattle."

Miss M. Lenora Denney has given the hospital an additional \$10,000. The hospital has been incorporated, and has for its first board of trustees eight of the most prominent business men and physicians of Seattle. It is proposed to build a hospital of at least twenty-five beds, costing about \$100,000. The hospital will provide treatment for poor patients without profit. Adequate accommodations will also be provided for pay patients.

WEST VIRGINIA

State Sanatorium:

A special session of the Legislature in 1908 adopted a resolution authorizing the appointment of a commission of five to investigate the tuberculosis problem and to report on this subject, and also in regard to a site for a State sanatorium, with methods of building and operation.

WISCONSIN**WALES****Wisconsin State Tuberculosis Sanatorium** (November 7, 1907):

For incipient and moderately advanced cases of tuberculosis.

Capacity: 80.

Rates: \$10 per week for those able to pay. Others are admitted free, as county charges.

Superintendent and Physician-in-charge: Dr. Chester A. Paull.

Wales, near which the State Sanatorium is located, is on the Madison division of the Chicago and Northwestern Railroad, 28 miles west of Milwaukee and 54 miles east of Madison.

The five buildings which comprise the Sanatorium are about two miles from Wales, at an elevation of 600 feet above sea-level. All of the service buildings, except the administration building, are of the "shack" type of construction. High mountains on every side surround the Sanatorium and shut off the cold winds. When entirely completed the institution will cost \$120,000.

Application for admission must be made by examining physician to the superintendent. In the case of indigent patients, admission is by order of a county judge.

MILWAUKEE**Blue Mound Sanatorium** (June 1, 1907):

For incipient cases only.

Capacity: 34.

Rates: \$7 per week. Some cases are cared for by philanthropic organizations.

Superintendent: Miss M. E. Ridders.

The Blue Mound Sanatorium is a semi-philanthropic institution for the treatment of tuberculosis, and is located in the town of Wauwatosa, about six miles from Milwaukee. The service buildings consist of pavilions donated by philanthropic persons of Milwaukee.

Applications for admission or other information should be made to Dr. C. H. Stoddard, 314 Goldsmith Building, or to Dr. A. J. Patek, 509 Goldsmith Building.

SANATORIA

WISCONSIN, CANADA

STEVENS POINT

River Pines Cottage Sanatorium (1906):

For incipient and moderately advanced cases.

Capacity: 24.

Rates: \$25 and \$30 per week; \$100 and \$120 per month; including all medical and nursing attention.

Medical Director and Resident Physician: Dr. Thomas H. Hay.

Associate Director: Dr. H. E. Dearholt, Milwaukee.

The institution aims to afford private sanatorium treatment at reasonable rates and near the home of the patient. Stevens Point is almost the geographical center of the State. The Sanatorium is at an elevation of 1100 feet. The buildings are on the cottage plan, each cottage affording accommodation for two patients. Seventy acres of pine and hardwood forest surround the buildings.

Applications should be made either to the medical director at the Sanatorium or to Dr. H. E. Dearholt, 314 Goldsmith Building, Milwaukee, Wis.

CANADA

GRAVENHURST (Ontario)

Muskoka Cottage Sanatorium (1897):

Primarily for early cases of pulmonary tuberculosis, but those moderately advanced are admitted if they have a fair chance for recovery.

Capacity: 85.

Rates: \$12 and \$15 per week.

Physician-in-charge: Dr. W. B. Kendall.

The Sanatorium was established through gifts from individuals and from the town of Gravenhurst. Funds for maintenance are supplied by the fees from patients and a small grant of \$2000 from the provincial government.

It is situated in a wooded park of 75 acres, sheltered on the north and northwest by rocky ridges and pine forests. Toward the south and southwest it overlooks the southern arm of Lake Muskoka. The

district is rocky; the soil porous and dry. The mean relative humidity is 70 to 75 and the mean annual temperature is 42 degrees.

There is a central building which contains, besides the offices, reception- and dining-rooms, and three solaria, accommodations for twenty-seven patients; the other buildings are six cottages, with an aggregate of thirty-seven beds, and ten roofed tents for two patients each. The buildings face southwest, are lighted by electricity and heated by steam and hot water.

Both Muskoka Cottage Sanatorium and the Free Hospital at Gravenhurst were established by and are under the direction of the National Sanatorium Association.

Application should be made to J. S. Robertson, Secretary-Treasurer, National Sanatorium Association, 347 King Street, W., Toronto, Canada.

Muskoka Free Hospital for Consumptives (April, 1902):

For persons in the early stages of consumption who are unable to pay for sanatorium treatment.

Capacity: 75.

Treatment is entirely free to those who cannot afford to pay; any contribution that a patient is able to make is accepted, but this rarely more than three or four dollars a week.

Physician-in-charge: Dr. W. B. Kendall.

This, the second institution established by the National Sanatorium Association, has the same advantages of climate and general situation as the Muskoka Cottage Sanatorium. Its most important source of income is voluntary contributions. It is subsidized by the provincial government to the amount of \$1.50 per week for each patient. In 1908 the city of Toronto appropriated \$15,000 to this institution. Subscriptions are made by patients and municipalities also.

The administration building has room for forty-seven patients, there are four roofed tents for four patients each, and a pavilion for twelve. The lighting is by electricity, the heating by steam and hot water. A small poultry-breeding plant has been an adjunct of the hospital for several years.

Application should be made to J. S. Robertson, Secretary-Treasurer, National Sanatorium Association, 347 King Street, W., Toronto, Canada.

HAMILTON (Ontario)**Hamilton City Hospital (1908):**

Receives advanced cases only.

Capacity: 12.

There are no charges.

Medical Superintendent: Dr. Walter F. Langrill.

The Hamilton City Hospital in 1908 opened a separate building for the treatment of advanced cases. The Hospital is situated near the center of the city on a site of about five acres.

Applications should be made to the superintendent.

The Mountain Sanatorium (1906):

For incipient and moderately advanced cases.

Capacity: 34.

Rates: Maximum charge is \$8 per week. Twenty free beds are maintained.

Physician-in-charge: Dr. J. H. Holbrook.

The Hamilton Health Association supports the Mountain Sanatorium, which is on a high elevation just outside of the city.

Application should be made to the physician-in-charge.

Hospital for Advanced Cases:

An appropriation has been made and work commenced on a hospital for advanced cases on the grounds of the city hospital. The hospital will be opened probably in 1909.

KAMLOOPS (B. C.)**Tranquille Sanatorium (November 28, 1907):**

For incipient cases only.

Capacity: 26.

Rates: \$14 per week. Four free beds are maintained.

Medical Superintendent: Dr. R. W. Irving.

The Tranquille Sanatorium was established and is conducted by the British Columbia Anti-Tuberculosis Society. It is the pioneer sanatorium for tuberculosis in the province.

The grounds consist of about 500 acres of irrigated land, all under cultivation. The institution has 700 head of cattle besides other stock. There is also a leasehold of 8000 acres for grazing land. The elevation is 1165 feet. Kamloops is on the main line of the C. P. R. The present buildings will later be remodeled or replaced by new ones.

Applications should be made to the superintendent or to Dr. C. J. Fagan, Victoria, B. C., who is secretary of the Society.

KENTVILLE (N. S.)

Provincial Sanatorium (June, 1904):

For early cases of tuberculosis. Advanced cases are admitted.

Capacity: 44.

Rates: \$5 per week.

Superintendent: Miss Bertha Elliot.

Visiting Physician: Dr. W. S. Woodworth.

The Sanatorium is located at Kentville on a bluff 60 feet above sea-level, and open to the south and southwest. The main building is two stories high and contains eighteen rooms for patients, besides parlors and quarters for officers and staff. There is also an annex building, which contains twenty-six beds. Tents are used in the summer.

The Sanatorium is supported by the provincial government.

Applications should be addressed to the superintendent.

LONDON (Ontario)

A hospital to cost \$30,000 will be built in 1909 by the city of London and the county of Middlesex conjointly. The city will appropriate \$6000, the county \$4000, and a philanthropic citizen of London is to give the additional \$20,000.

MONTREAL (Ontario)

**The Grace Dart Home Hospital for Destitute Incurables, 418
St. Antoine Street:**

Receives advanced cases of tuberculosis.

Capacity: 50.

SANATORIA

CANADA

There are no charges.

Managing Director: H. J. Dart.

Secretary: C. Withycomb.

While this hospital is for all classes of incurable sick, tuberculosis patients are very much in excess of the others.

Application should be made at the office of the Hospital, 155 Craig Street, West.

NINETTE (Manitoba)

Manitoba Sanatorium for Consumptives:

A committee of twenty-three of the leading men of the province of Manitoba have incorporated for the purpose of building a provincial sanatorium. The committee is headed by Sir Daniel H. McMillan, Lieutenant-Governor of Manitoba, and Dr. R. M. Simpson, Chairman of the Provincial Board of Health. A site has been chosen at Ninette and building operations will be commenced in 1908 or 1909.

STE-AGATHE DES MONTS (Quebec)

Brehmer Rest (1905):

For pre-tuberculous cases, and convalescents from pneumonia, pleurisy, typhoid, etc.

Capacity: 10.

Rates: \$4 per week. Several free patients are supported by the institution.

Medical Superintendent: Dr. A. J. Richer.

Brehmer Rest is a unique institution, having for its object the restoring to health and usefulness of all who are destined to the eventual development of tuberculosis.

It is essentially philanthropic in character, charging the inmates only about half the actual cost of maintenance, while deserving individuals may be admitted and treated free of any cost to them, through the generous provision made by an auxiliary committee. Brehmer Rest is non-sectarian, and has accommodations for both men and women in separate buildings.

Application should be made to the superintendent.

TORONTO (Ont., P. O. Weston)**King Edward Sanatorium for Consumptives (August, 1907):**

For patients in the advanced stages of consumption who are in a position to pay for treatment.

Capacity: 20.

Rates: \$15 and \$18 a week.

Physician-in-charge: Dr. W. J. Dobbie.

The King Edward Sanatorium for Consumptives is also designed to care for patients suffering from tuberculosis, especially in the advanced and far-advanced stages. It is, however, an institution where fixed charges are made, and in that respect it is distinct from its counterpart, the Toronto Free Hospital for Consumptives.

The buildings include an administration building, a building for patients' quarters, and a building for dining-rooms, kitchen, etc.

The management of both institutions is in the hands of a Trust Board, of which the chairman is Mr. W. J. Gage, Toronto. The Secretary of the Trust Board is Mr. J. S. Robertson, 347 King Street, W., Toronto, to whom all applications for admission should be made, and from whom all information may be obtained.

Toronto Free Hospital for Consumptives (post-office, Weston)

(September, 1904):

For persons in the advanced and far-advanced stages of consumption who are unable to pay for sanatorium treatment.

Capacity: 63.

Rates: Treatment is entirely free to those who cannot afford to pay, or who present an order from the Health Officer of their municipality. No patient pays the full cost of maintenance.

Physician-in-charge: Dr. W. J. Dobbie.

Forty acres of wooded land on the bank of the Humber River are the site of this new hospital. The management is in the hands of a Trust Board, of which the chairman is Mr. W. J. Gage, to whom the National Sanatorium Association, with its two Muskoka institutions, largely owes its existence and growth. The buildings include an administration building, pavilions, and roofed tents. It is supported mainly by voluntary contributions. In 1908, however, the city of Toronto appropriated \$35,000 to this institution.

SANATORIA**CANADA**

Application should be made to J. S. Robertson, Executive Secretary, National Sanatorium Association, 347 King Street, W., Toronto, Canada.

WOLFVILLE (N. S.)**Wolfville Highlands Sanatorium (May, 1902):**

Exclusively for early cases of tuberculosis.

Capacity: 8.

Rates: \$8 per week; but when an applicant is not able to pay he is received free of charge if there is a vacancy.

Medical Director: Dr. G. E. De Witt.

The Sanatorium consists of two cottages, connected by a solarium, and supplied on the west, north, and south with verandas, some of which are inclosed. It is on the Wolfville Ridge, a spur of the South Mountain, and has an altitude of 300 feet.

Application should be made to Dr. G. E. De Witt.

HOSPITALS FOR THE INSANE MAKING
SPECIAL PROVISION FOR THEIR
TUBERCULOUS PATIENTS
IN THE
UNITED STATES

HOSPITALS FOR THE INSANE MAKING SPECIAL PROVISION FOR THEIR TUBERCULOUS PATIENTS

**IN THE
UNITED STATES**

INTRODUCTORY NOTE

In this section and the one on Penal Institutions an effort has been made to list every State hospital and prison which provides for its tuberculous patients or inmates in special wards, tents, pavilions, or isolates them in some particular manner. The marked benefits derived from the outdoor treatment of the insane and of criminals have led to a large increase in this class of special institutions.

ALABAMA

MOUNT VERNON

The Mt. Vernon Hospital for the Insane:

Physician-in-charge: Dr. E. L. McCafferty.

Tuberculous patients are cared for in a ward set apart exclusively for that purpose.

CALIFORNIA

PATTON (San Bernardino County)

Southern California State Hospital:

Capacity for tuberculous patients: 36.

Superintendent: Dr. E. S. Blair

A group of cottages, situated a short distance from the main building, affords excellent facilities for treating the tuberculous insane. This group, called the McGonigle Cottages, was opened July 23, 1907.

The cottages are small buildings, the walls of which are made of metal lath and cement inside and out, and equipped with large ventilators, which are open night and day. The patients practically live outdoors, even when they are in the ward. Outside of each cottage there is a broad cement walk, covered, and the patients are kept out on this all day long, except when they are at their meals.

The institution is located on the Santa Fé Railroad, 65 miles east of the city of Los Angeles, 7 miles from Redlands, and 6 miles from San Bernardino.

TALMAGE

Mendocino State Hospital:

Capacity for tuberculous patients: 100.

Medical Superintendent: Dr. E. W. King.

In 1904 seven tents for the care of the tuberculous insane were erected as a sort of experiment. So successful, however, did the outdoor treatment prove, not only in curing the tuberculosis, but also in eventually curing the insanity of the patients kept in the camp, that the number of tents and cottages was increased to provide for 100 beds for tuberculous patients. The camp is conveniently located near the Hospital, but is separated from it by a wire fence inclosing about $2\frac{1}{2}$ acres of grounds.

CONNECTICUT

MIDDLETOWN

Connecticut Hospital for the Insane:

Capacity for tuberculous patients: 30.

Superintendent: Dr. Henry S. Noble.

Patients are isolated in single rooms in one of the six large cottages of the institution. These rooms front on glass-covered verandas, which afford opportunity for outdoor treatment. The grounds of the institution comprise 600 acres, and are situated at an elevation of 190 feet above sea-level.

HOSPITALS FOR THE INSANE

DELAWARE

FARNHURST

Delaware State Hospital:

Capacity for tuberculous patients: 20.

Superintendent: Dr. Wm. H. Hancker.

In 1903 a separate building, with accommodations for twenty patients, was provided, exclusively for the tuberculous inmates of the institution.

This is among the first instances of the erection and equipment, by a State insane hospital, of a new building especially for this purpose. The construction cost was about \$1000 per bed. There is a sun parlor at each end of both floors and the building is thoroughly equipped with modern apparatus.

DISTRICT OF COLUMBIA

WASHINGTON

Government Hospital for the Insane:

Capacity for tuberculous patients: 71.

Superintendent: Dr. William A. White.

The tuberculous patients are provided for as follows: one two-story building surrounded with wide porches, and inclosed in removable glass frames—capacity 23 white males; one two-story building of similar construction—capacity 20 colored males; one ward with glass-inclosed porches—capacity 20 white females; one glass-inclosed porch connected with general ward—capacity 6 colored females. Two single rooms are set apart in the building for the criminal and homicidal classes for isolation of tuberculous patients.

The percentage of tuberculous patients at the Hospital is about 1.4.

ILLINOIS

ELGIN

Illinois Northern Hospital for the Insane:

Superintendent: Dr. V. H. Podstata.

Some attempts are made to segregate tuberculous insane patients in separate wards, but without much success. Plans have been prepared, however, for a separate department for insane tuberculous patients situated apart from the Hospital and properly equipped for this work.

PEORIA

Illinois General Hospital for the Insane:

Capacity for tuberculous patients: 104.

Superintendent: Dr. George A. Zeller.

The institution makes special provision for its insane in two tent colonies, each having a central frame building and a solarium. The special treatment of tuberculous patients was started in 1905.

LOUISIANA

JACKSON

Insane Asylum of the State of Louisiana:

Capacity for tuberculous patients: 72.

Superintendent: Dr. Clarence Pierson.

In 1904 two special buildings for white patients were completed. The building for the female patients is well isolated from the rest of the group, contains thirty-two rooms having dimensions of 8 by 9 by 12, with an inner door opening, a large outer window, and ventilation above the door. This building has an elevation above the ground of about 4 feet, and is surrounded entirely by a gallery-way of 14 feet, whereon there are suspended at convenient spaces a number of comfortable hammocks. The building itself is a frame structure and has the benefit of sun exposure, both morning and afternoon. The building for male white patients has a capacity of forty beds.

The male and female colored consumptives are separated from the rest of the population, but in an "L" of the main building, and ever since this has been done much improvement is manifest. It is the contemplation, at an early date, to construct two similar pavilions for this class of patients.

MAINE**BANGOR****Eastern Maine Insane Hospital :**

Capacity for tuberculous patients: 44.

Superintendent: Dr. H. W. Mitchell.

In 1907 the sum of \$30,000 was appropriated by the Legislature for the construction of a separate building, erected on tuberculosis sanatorium lines, which provides quarters for forty-four patients. The building was opened in 1908. The plant is run as a separate hospital unit. All tuberculous insane patients of the State will be sent there. The building is designed to give open-air treatment, being situated on a high point on the banks of the Penobscot River.

MASSACHUSETTS**HATHORNE (P. O. Box 50)****Danvers Insane Hospital :**

Capacity for tuberculous patients: 32.

Superintendent: Dr. Charles W. Page.

Two specially constructed wards, opened in 1907, are provided by this institution for its tuberculous patients. These wards are built on the pavilion plan and are distinct from the other buildings of the institution.

MEDFIELD**Medfield Insane Asylum :**

Capacity for tuberculous patients: 40.

Superintendent: Dr. Edward French.

Excitable cases are cared for in wards of a separate wing. Quiescent cases are treated in specially constructed pavilions. Tuberculous insane patients are transferred to this institution from other hospitals because of the special provision made. The work of treating separately the tuberculous insane was commenced in this institution in 1898.

WESTBOROUGH (Box 288)**Westborough Insane Hospital:**

Capacity for tuberculous patients: 20.

Superintendent: Dr. George S. Adams.

The necessity for segregating insane consumptives became imperative in the fall of 1906, when thirteen cases committed as insane showed evidence of involvement of the lungs. A temporary shack was accordingly built to accommodate eight, and the most advanced cases were put there. An appropriation was later secured from the Legislature for the building which is now occupied. The results have been very satisfactory in the recovery from lung trouble in a number of patients, some of whom also recovered from their insanity and have gone home; others are still at the institution and under observation away from the sanatorium. The special building is only for women patients. In 1909 another building will be opened, for male patients. The simple structure consists of two wings facing south, each accommodating ten patients; the central building for bath and toilet requirements; diet kitchen, and examination room. The central building is heated; the others are not.

WORCESTER**Worcester Insane Hospital:**

Capacity for tuberculous patients: 23.

Superintendent: Dr. H. M. Quimby.

Insane tuberculous patients are cared for in isolated wards.

MICHIGAN**KALAMAZOO****Michigan Asylum for the Insane:**

Capacity for tuberculous patients: 30.

Superintendent: Dr. Alfred I. Noble.

The institution maintains separate wards, opened in 1905. These wards are specially equipped for outdoor sleeping arrangements.

PONTIAC

The Eastern Michigan Asylum for the Insane :

Capacity for tuberculous patients: 35.

Medical Superintendent: Dr. E. A. Christian.

The institution is situated 26 miles northwest of Detroit at an elevation of 1000 feet. Its total population averages about 1250. Special wards with attached verandas are maintained for tuberculous patients, and special treatment is given this class of sufferers.

MINNESOTA

FARIBAULT

Minnesota School for Feeble-Minded and Colony for Epileptics :

Capacity for tuberculous cases: 28.

Superintendent: Dr. A. C. Rogers.

A separate hospital building is provided for tuberculous patients. Most of the cases are in the advanced stages of the disease.

ST. PETER

St. Peter State Hospital :

Capacity for tuberculous patients: 30.

Superintendent: Dr. H. A. Tomlinson.

A pavilion for early cases and a special ward for bedridden cases are maintained. This special work was started in 1896. A new building, specially constructed for tuberculosis patients, will be opened in 1909. The objects are to place under treatment all who have lung trouble, in order to prevent further infection, and also to cure where possible.

MISSISSIPPI

ASYLUM

State Insane Hospital :

Capacity for tuberculous patients: 45.

Superintendent: Dr. T. J. Mitchell.

HOSPITALS FOR THE INSANE MISSISSIPPI, NEW HAMPSHIRE, NEW YORK

In 1906 a camp for tuberculous patients was opened about one-half mile from the Hospital proper. The buildings are tents and cottages and are well adapted to outdoor treatment. The elevation of the camp is 184 feet above sea-level. Good results have been experienced in the treatment.

NEW HAMPSHIRE

CONCORD

New Hampshire State Hospital:

Superintendent: Dr. C. P. Bancroft.

In 1907 specific treatment of tuberculous inmates was started by placing them out on the inclosed verandas. This method, supplemented by the use of tents, was followed out in 1908.

NEW YORK

BINGHAMTON

Binghamton State Hospital:

Capacity for tuberculous patients: 100.

Superintendent: Dr. Charles G. Wagner.

A special tuberculosis pavilion was opened in 1905. The pavilion stands at a distance from the other hospital buildings, overlooking the Susquehanna River. The elevation is 1100 feet above the sea-level. Special diet is provided for the patients and efforts are made to have them spend a large portion of their time in the open air.

BUFFALO

Buffalo State Hospital:

Capacity: 18.

Superintendent: Dr. Arthur W. Hurd.

A new building of special construction is being erected for women patients. The building will accommodate about eighteen and will be ready for occupancy in the spring of 1909. A similar building for male patients will probably be erected at a later time.

CENTRAL ISLIP

Central Islip State Hospital:

Capacity for tuberculous patients: 106.

Superintendent: Dr. G. A. Smith.

A special pavilion accommodating one hundred tuberculous patients was erected in 1908.

GOWANDA

Gowanda State Homeopathic Hospital:

Capacity for tuberculous patients: 50.

Superintendent: Dr. D. H. Arthur.

A special building to house patients was erected in 1908. Other patients are kept on verandas and in special wards. Capacity for one hundred tuberculous patients will be provided later.

KINGS PARK (Suffolk County)

Kings Park State Hospital:

Capacity for tuberculous patients: 77.

Superintendent: Dr. William Austin Macy.

Special wards, with solariums that can be thrown wholly or partly open, are provided for the tuberculous patients. The institution is located on the southern shore of Long Island.

NEW YORK

Manhattan State Hospital, Ward's Island:

Capacity for tuberculous patients: 140.

Superintendent: Dr. William Mabon.

Tuberculosis cases are isolated in frame pavilions and tents. In the winter of 1907-1908 there were over forty men patients treated in this way. The system of tent treatment was inaugurated in June, 1901, and each year it has been extended either in time or number of patients included, until at present all the active cases of tuberculosis in the Hospital were kept segregated throughout the year.

The men's colony is situated on sloping ground about sixty feet above sea-level, and has a moderate amount of shade. There is one frame pavilion accommodating about twenty-five patients. It has large windows on the sides and both ends, which disappear downward, allowing the patients to be practically in the open air, and is heated by steam during the winter months. One large tent accommodates about fifteen patients, and a second one is used as a dining-tent, where patients have their meals.

At the women's division a large frame camp or pavilion (in reality three) was constructed during the winter of 1907, similar to that described above, except that it is in the form of a rectangle, omitting the eastern side. These three camps, united end to end as one, will accommodate about one hundred patients. This camp is located on the west side of the island at the south and overlooking Hell Gate.

OGDENSBURG

St. Lawrence State Hospital:

Capacity for tuberculous patients: 100.

Superintendent: Dr. R. H. Hutchings.

The building is a wooden pavilion two stories in height, entirely separate and some distance removed from the other buildings, and is pleasantly situated on the south side of an extensive grove, so that it is protected from the north and west, but has full southern exposure. This pavilion was erected in the year 1905-06, and is modeled on the designs of the King Edward prize pavilion.

POUGHKEEPSIE

Hudson River State Hospital:

Capacity for tuberculous patients: 100.

Superintendent: Dr. Charles W. Pilgrim.

Two cottages, one for each sex, are set apart for tuberculous patients. The cottages are located at an elevation of about 400 feet and have a sun exposure on three sides. They are both fitted with solariums.

ROCHESTER

Rochester State Hospital:

Superintendent: Dr. Eugene H. Howard.

Special provision is made for tuberculous patients in wards originally erected for isolation purposes. One ward for each sex is set apart.

ROME

Rome State Custodial Asylum for the Feeble-minded (1906):

Capacity for tuberculous patients: 20.

Superintendent: Dr. Charles Bernstein.

A special pavilion providing accommodation for fourteen men has been erected. Tents are used for women patients.

WILLARD (Seneca County)

Willard State Hospital:

Capacity for tuberculous patients: 70.

Superintendent: Dr. Robert M. Elliott.

In 1904 two tents were erected for the special outdoor treatment of tuberculous patients, the work being carried on only during the summer. By a special grant of the Legislature of 1908, a new pavilion to accommodate thirty-five female patients is being built. It will be completed by 1909, and will be open all the year. Another similar one for male patients will be built later. The institution is located on the east shore of Seneca Lake at an elevation of 440 to 740 feet above sea-level.

OHIO

COLUMBUS

Columbus State Hospital:

Capacity for tuberculous patients: 50.

Superintendent: Dr. George Stockton.

The Hospital has since 1903 maintained a summer camp for its tuberculous patients with excellent results. In 1907 over two hundred cases were treated in this tent colony.

There is a dining-tent large enough to accommodate all the patients in the colony, and a tent for the nurses who take care of the patients. The colony is in charge of a graduate nurse, who has general supervision of the entire colony, diet kitchen, bath, etc., assisted by a staff of nurses and attendants.

PENNSYLVANIA

NORRISTOWN

State Hospital for the Insane:

Capacity for tuberculous patients: 66.

Chief Physician, Department for Men: Dr. W. W. Richardson.

Chief Physician, Department for Women: Dr. Mary M. Wolfe.

This institution, with a capacity for nearly 3000 insane, is divided into two departments. Each department has a separate cottage for its tuberculous patients, the male cottage accommodating forty-six, and the female one, twenty. This work has been carried on since 1899. The results of the treatment have been very gratifying.

SOUTH MOUNTAIN (Wernersville P. O.)

State Asylum for Chronic Insane:

Capacity for tuberculous patients: 15.

An inexpensive pavilion with corrugated iron roof, cement floor, and canvas sides is used. Tents are also used, and the capacity can be indefinitely increased in this way. The outdoor treatment of tuberculous insane was begun here in 1903. The institution is located in the Lebanon Valley at the base of the Berkshire Hills and has an altitude of 500 feet.

WARREN

State Hospital for the Insane:

Capacity for tuberculous patients: 50.

Superintendent: Dr. Morris S. Guth.

HOSPITALS FOR THE INSANE

Special provision was made for treating tuberculous patients in 1900, when a separate building for that purpose was erected. Another building of the same capacity will be opened in 1909. The institution is situated in the spurs of the Allegheny Mountains at an elevation of 1225 feet above sea-level.

RHODE ISLAND

HOWARD

State Hospital for the Insane:

Capacity for tuberculous patients: 30.

Superintendent: Dr. Arthur H. Harrington.

A new building was opened in 1908, replacing two tents which had been in use for several years. This pavilion, which is only for male patients, is built largely of glass, and is so constructed that the sides can be entirely removed in warm weather. Another similar building for women patients will be built in 1909.

VERMONT

WATERBURY

Vermont State Hospital for the Insane:

Capacity for tuberculous patients: 25.

Superintendent: Don D. Grout.

A special building for tuberculous patients was erected in 1905. It is well ventilated and equipped. The institution is located in the Green Mountains at an altitude of 435 feet.

VIRGINIA

PETERSBURG

Central State Hospital:

Capacity for tuberculous patients: 60.

Superintendent: Dr. William F. Drewry.

HOSPITALS FOR THE INSANE

VIRGINIA

This institution is exclusively for the colored insane. In 1904 the tuberculous patients were segregated from the rest of the insane patients into two specially prepared camps. The male colony is a mile from the main plant. The results here have been particularly gratifying. Owing to the nearness of the female camp to the Hospital, the results have not been so good. A new camp for female patients was commenced in 1908.

WILLIAMSBURG

Eastern State Hospital:

Capacity for tuberculous patients: 40.

Superintendent: Dr. O. C. Brunk.

A new building, of special construction, was erected for tuberculous patients in 1908.

PENAL INSTITUTIONS MAKING SPECIAL
PROVISION FOR THEIR TUBER-
CULOUS INMATES
IN THE
UNITED STATES

PENAL INSTITUTIONS MAKING SPECIAL PRO- VISION FOR THEIR TUBERCULOUS INMATES

**IN THE
UNITED STATES**

COLORADO

CAÑON CITY

Colorado State Penitentiary:

An appropriation of \$18,000 has been secured to erect a special building for tuberculous inmates. Work will be commenced in 1909. The physician is Dr. F. N. Carrier.

CONNECTICUT

WETHERSFIELD

Connecticut State Prison:

Capacity for tuberculous patients: 8.

Warden: Albert Garvin.

Physician: Dr. E. G. Fox.

In 1895 this institution set aside a small ward with a southern exposure and with glass front for the use of tuberculous patients.

DELAWARE

GREENBANK

New Castle County Workhouse:

Capacity for tuberculous inmates: 10.

Physician: Dr. Samuel C. Rumford.

Warden: Leonard Crawford.

Ten cells with a large exercise room and an open porch are provided for tuberculous prisoners. Special attention is given to diet and to sleeping arrangements. The results of this treatment have been very satisfactory. When any of the men in the shops show symptoms of tuberculosis, they are placed in this special ward, and usually a marked improvement is seen under treatment. The special treatment of tuberculous prisoners was commenced in 1905.

GEORGIA

ATLANTA

United States Penitentiary Hospital:

Capacity for tuberculous patients: 15.

Warden: William H. Moyer.

Physician: Dr. A. L. Fowler.

A small camp, located within the prison walls, but removed from the other buildings, has been in operation since 1906. Separate tents are used for each prisoner. Especial attention is given to diet and exercise.

MILLEDGEVILLE

Georgia Prison Farm, Tuberculosis Hospital:

Capacity for tuberculous inmates: 50.

Physician: Dr. John P. Atkinson.

In 1906 a special hospital for tuberculous prisoners was opened. The equipment included a tent, accommodating sixteen, and a well-ventilated building accommodating thirty-four. The Hospital is situated in the center of a 3000-acre farm. Convalescent patients assist in the farming. Special attention is given to the diet.

ILLINOIS

PONTIAC

Illinois State Reformatory:

Capacity for tuberculous inmates: 8.

Physician: Dr. J. A. Marshall.

Superintendent: M. M. Mallary.

A ward in an isolated part of the prison hospital is set apart for tuberculous prisoners.

INDIANA

JEFFERSONVILLE

Indiana Reformatory:

General Superintendent: W. H. Whittaker.

Physician-in-charge: Dr. H. C. Sharp.

The consumptives are cared for in the open air on a roof-garden which is situated on top of the institution's hospital, about forty feet above ground. During favorable weather they live continuously in the open air, night and day. In the winter and spring months they spend the day on the roof and sleep in a ward in the hospital which is amply supplied with windows which are kept open. The diet is largely of milk and eggs, olive oil, and cod-liver oil.

MASSACHUSETTS

BOSTON HARBOR (Deer Island)

Observation Hospital and House of Correction:

Capacity for tuberculous inmates: 8.

Superintendent: James H. Cronin.

Resident Physician: Dr. B. F. McGaffigan.

The Hospital is located on Deer Island and is a part of a group of municipal penal institutions of the city of Boston. A wooden building situated on a high part of the island gives special accommodation for tuberculous inmates of any stage who are committed to the institution. This work has been carried on since 1901.

WEST RUTLAND

Prison Camp and Hospital:

Capacity for tuberculous inmates: 40.

Superintendent: George C. Erskine.

Resident Physician: Dr. W. E. Chamblin.

This Camp, opened in September, 1907, is the beginning of a systematic attempt on the part of the State to segregate all of its tuberculous prisoners in one place. The Camp is well located near the State Sanatorium, being at an elevation of 1000 feet. The buildings, which are all of a modern type, will be enlarged to accommodate one hundred in 1909.

All prisoners from any State prison in the State are transferred to this Camp as soon as their cases are diagnosed to be tuberculosis.

MICHIGAN

IONIA

Michigan Reformatory:

Capacity for tuberculous inmates: 6.

Physician: Dr. W. E. Woodbury.

Warden: Otis Fuller.

Tuberculous inmates are kept in a specially constructed and isolated ward. Each patient has his own separate utensils for toilet, food, and bed. A special nurse has charge of these prisoners. Attention is given to diet, sanitary rules, and exercise.

MINNESOTA

STILLWATER

Minnesota State Prison:

Physician-in-charge: Dr. B. J. Merrill.

The State Prison, at Stillwater, was one of the first prisons in the country to adopt modern methods in the treatment of tuberculous convicts.

Since the summer of 1894 sputum examinations have been made in

PENAL INSTITUTIONS

MISSOURI, NEW MEXICO, NEW YORK

all suspected cases, and when tubercle bacilli are found the man is transferred to a separate hospital annex, reserved for such cases. Special care is taken of the cells where these patients sleep; they are inspected and cleaned daily. Every precaution is taken against the spread of infection. The consumptives have their meals in their cells, and they are given a better and more varied diet than the other convicts. They are given out-of-door work apart from their fellows, and when too ill to work they are kept out of doors during working hours, both summer and winter.

MISSOURI

JEFFERSON CITY

Missouri State Penitentiary:

Capacity for tuberculous inmates: 24.

Prison Physician: Dr. C. W. Chastain.

Prisoners afflicted with tuberculosis are confined in two wings of the top floor of the general hospital. "There seem to have been some cures," the prison physician says, "notwithstanding the close confinement."

NEW MEXICO

SANTA FÉ

New Mexico Penitentiary:

Capacity for tuberculous inmates: 5.

Attending Physician: Dr. David Knapp.

Tuberculous patients are isolated in a separate pavilion. Some are sent out to work on the roads. The altitude of the institution is 7000 feet.

NEW YORK

DANNEMORA

Clinton Prison:

Capacity for tuberculous inmates: 150.

Physician: Dr. J. B. Ransom.

Agent and Warden: Frank D. Cole.

Clinton Prison, one of the three State prisons of the State of New York, is located at Dannemora, N. Y., on one of the eastern spurs of the Adirondack Mountains at an altitude of 1500 feet.

As early as 1889 a movement was begun looking to the special treatment of all tuberculous prisoners, and since 1895 there has been a more or less systematic attempt to transfer to Clinton Prison tuberculous prisoners from Auburn and Sing Sing prisons. Tuberculous prisoners have also been transferred from Elmira and Eastern New York Reformatories. The object of such transfer is the separation of infected prisoners from the general prison population and to give them the benefit of a good climate and special treatment.

The work of special treatment began with a small ward accommodating eleven patients. In 1902 a larger ward accommodating forty-three patients was opened. Since that time additional construction has increased the capacity until at the present time the tuberculosis annex consists of three extensions to the main hospital, radiating from a central court and occupying a floor space of 20,000 feet. The south extension, 75 by 55 feet, is devoted to the treatment of the far-advanced cases and accommodates over forty patients. The eastern extension, 20 by 55 feet, forms the special diet kitchen and laboratory, while the north-eastern extension, 70 by 150 feet, which has been completed during the year, is devoted to the treatment of cases in the early and somewhat advanced stages, and accommodates over one hundred patients. The number of tuberculous prisoners treated during the last fiscal year was 352. The total number received for special treatment up to March 1, 1908, was 1402.

The results accomplished up to the present time are very gratifying, the mortality from tuberculosis in the three prisons of the State having been reduced over 70 per cent.

PHILIPPINE ISLANDS

MANILA

Prison Tuberculosis Hospital, 18 Calle Marques de Comillas.

Capacity for tuberculous inmates: 200.

Physician: Dr. Waldemar Christenson.

This is the only hospital exclusively for the treatment of tuberculosis in the Philippine Islands. Its patients are selected from the 3500 prisoners kept at the insular prisons, called Bilibid.

SOUTH CAROLINA

COLUMBIA

The South Carolina Penitentiary:

Capacity for tuberculous inmates: 50.

Superintendent: Dr. J. Griffith.

In 1907 a special hospital for tuberculous convicts was opened. The building is one of the best equipped prison hospitals in the country. It cost \$10,000. The building is of brick, 80 feet by 40 feet, two stories high, with the roof protected by an imitation stone railing. The roof is used for lounging purposes in the fresh air during good weather. The two main floors are practically the same, each being provided with six large elliptic windows with 14-foot spans and 15 feet high, and so placed as to let in an abundance of sunlight throughout the day. The idea throughout the building is to provide the patients with the greatest quantities of sunlight and fresh air.

VIRGINIA

RICHMOND

The Penitentiary:

Superintendent: E. F. Morgan.

Surgeon: Dr. Charles V. Carrington.

The Penitentiary has established about 30 miles from the city a farm sanatorium, where the tuberculous inmates are sent for treatment. Here they are treated in tents and specially constructed cottages. Those who are able are required to do light work about the farm.

**DISPENSARIES AND CLINICS FOR THE
SPECIAL TREATMENT OF
TUBERCULOSIS**

**IN THE
UNITED STATES AND CANADA**

DISPENSARIES AND CLINICS FOR THE SPECIAL TREATMENT OF TUBERCULOSIS

IN THE
UNITED STATES AND CANADA

INTRODUCTORY NOTE

In this section information is given not only concerning dispensaries especially conducted for tuberculosis, but also concerning clinics or special departments of the more general dispensaries, in which particular medical staffs and separate hours are set apart for tuberculous patients.

The dispensaries are arranged alphabetically, according to location, the figures in parentheses denoting the date of opening.

CALIFORNIA

LOS ANGELES

Los Angeles Helping Station for Indigent Consumptives (August, 1906):

Open Mondays, Wednesdays, and Fridays from 4 to 6 P. M.

Conducted by the Los Angeles Society for the Study and Prevention of Tuberculosis.

Physicians-in-charge: Dr. F. M. Pottenger and Dr. George H. Kress.

Daily average attendance: 5.

Number in regular attendance: 20.

The dispensary now has a regular nurse to visit patients and provides for some visiting and relief through allied associations. The rooms used are those of the dispensary of the College of Medicine of the University of Southern California, located at 737 Buena Vista Street, Los Angeles.

CONNECTICUT**HARTFORD**

Tuberculosis Clinic of the Hartford Dispensary, 38 Prospect Street (February, 1908):

Open 4 to 5 P. M. one day a week.

Conducted by the Hartford Medical Society.

Physician-in-charge: Drs. A. S. Brackett and R. M. Rowley.

Two assistants are also in attendance.

Daily average attendance: 5.

The only form of relief given is medicine. A visiting nurse is employed to look after cases in their homes.

NEW HAVEN

Tuberculosis Clinic of the New Haven Dispensary, Congress Avenue (March, 1907):

Open Saturdays from 3 to 5 P. M.

Conducted by the New Haven County Anti-Tuberculosis Association.

Physician-in-charge: Dr. F. B. Standish.

Visiting Nurse: Miss Markheim.

Daily average attendance: 15.

All patients are visited and instructed in their homes. Milk, eggs, sputum cups, and necessary supplies are furnished those who cannot buy them.

CUBA**HAVANA**

A special tuberculosis dispensary is maintained by the Liga Contra Tuberculosis in the island of Cuba. Dr. Joaquin L. Jacobsen is the physician-in-charge.

DELAWARE**WILMINGTON****Wilmington Free Dispensary (1906):**

Open three days a week from 3 to 6 P. M.

Conducted by the American Red Cross Society.

Physicians-in-charge: Drs. Peter W. Tomlinson, J. P. Wales, I. M. Flinn, and Harold L. Springer.

A visiting nurse is employed.

Some relief is given to needy patients.

DISTRICT OF COLUMBIA**WASHINGTON****Tuberculosis Clinic of the Casualty Hospital, 708 Massachusetts Avenue, N. E. (1908):**

Open Wednesdays and Saturdays, 1 to 2 P. M.

Conducted by the Casualty Hospital in coöperation with the Committee on the Prevention of Consumption.

Physician-in-charge: Dr. Louis J. Battle.

A nurse from the Instructive Visiting Nurse Society works in connection with this clinic.

Throat and Chest Clinic of the Central Dispensary, 15th Street and Ohio Avenue (1907):

Open daily from 1 to 2 P. M.

Conducted by the Central Dispensary and Emergency Hospital, a private corporation, which is subsidized by the Government, in coöperation with the Committee on the Prevention of Consumption.

Physicians-in-charge: Drs. T. Morris Murray and John D. Thomas.

There are three assistants in attendance.

Total number of visits for year 1907: 3512.

There were 51 new patients treated during the year.

A nurse from the Instructive Visiting Nurse Society is employed to visit patients in their homes. Those needing material aid are cared for by the Associated Charities.

**Tuberculosis Clinic of the Georgetown University Hospital,
35th and N Streets (December, 1907):**

Open Mondays, 11 to 12 P. M.

Conducted by the Georgetown University Hospital in coöperation
with the Committee on the Prevention of Tuberculosis.

Physician-in-charge: Dr. W. C. Gwynn.

A nurse from the Instructive Visiting Nurse Society works in connection with the Clinic.

**Free Dispensary for Consumptives, 923 H Street, N. W. (June 5,
1905):**

Open 2 to 3 P. M. on Mondays, Tuesdays, Wednesdays, and Thursdays, and 8 to 9.30 P. M. on Fridays.

Conducted by the Committee on the Prevention of Consumption of
the Associated Charities.

Physician-in-charge: Dr. Jesse H. Ramsburgh. There are nine
assistants in attendance.

Daily average attendance: 9.

Number of cases in regular attendance: 45.

A nurse is employed to look after indigent cases in their homes. All
cases requiring material aid are referred to the Associated Charities.

The Dispensary is located in an old-fashioned residence, opposite the
Medical Department of the Georgetown University. In addition to the
regular corps of workers a bacteriologist is engaged at a nominal fee of
\$5 per month. A large amount of literature is distributed, and a tuberculosis class is connected indirectly with the Dispensary.

**Tuberculosis Clinic of the Homeopathic Hospital, 2d and N
Streets, N. W. (December, 1907):**

Open Wednesdays and Saturdays, 1 to 2 P. M.

Conducted by the Homeopathic Hospital in coöperation with the
Committee on the Prevention of Consumption.

Physician-in-charge: Dr. William R. Buchanan.

A nurse from the Instructive Visiting Nurse Society works in connection with the Clinic.

GEORGIA**ATLANTA****Home Treatment Dispensary, 704 Gould Building (April 22, 1907):**

Open every week day from 2 to 3 P. M.

Conducted by the Associated Charities.

Physician-in-charge: Dr. Wesley E. Taylor.

Medical Assistant: Miss Rosa Lowe.

Number of visits to Dispensary in 1907: 1169.

Daily average attendance: 6.

Number in regular attendance: 104.

The Dispensary is located in rooms adjoining the Associated Charities. Besides the regular medical staff, a nose and throat specialist is in attendance twice a week. Relief is given through the Associated Charities.

ILLINOIS**CHICAGO****Dispensary Department of the Chicago Tuberculosis Institute
(1907):**

Head of Department: Dr. Ethan A. Gray.

In May, 1907, this department opened its first dispensary in the Olivet House. This dispensary was later transferred to the Chicago Policlinic. Between December 1, 1907, and May 1, 1908, seven dispensaries were opened by the Dispensary Department in various parts of the city.

The Chicago Tuberculosis Institute, through the Dispensary Department, furnishes a nurse for each of these clinics. The charitable institutions or organizations, for the most part, furnish any financial or material aid needed by the patients. The central office of the Institute serves as a clearing-house and general bureau of information, as well as a coordinating body for all the units, thus preventing duplication of effort and waste.

Information on each of the dispensaries under the department follows:

Chicago Polyclinic Hospital Dispensary, 174 East Chicago Avenue.

Open Tuesdays and Fridays, 2 to 3 P. M.

Physician-in-charge: Dr. J. F. Hultgen.

Central Free Dispensary (Rush Medical College), 757 West Harrison Street.

Open Mondays, Wednesdays, and Saturdays at 11 A. M.

Physician-in-charge: Dr. Ethan A. Gray.

West Side Dispensary (College of Physicians and Surgeons).

Open Tuesdays and Fridays at 11 A. M.

Physician-in-charge: Dr. Frederick Tice.

West Side Dispensary of the Jewish Aid Society, corner of Morgan and Maxwell Streets.

Open Mondays and Thursdays from 3 to 6 P. M.

Physician-in-charge: Dr. Theodore B. Sachs.

This dispensary opened its tuberculosis clinic in 1900, but affiliated with the Chicago Tuberculosis Institute in 1907.

South Side Dispensary (Northwestern University Medical School), 2431 Dearborn Street.

Open Mondays and Thursdays, 10 to 12 A. M.

Physician-in-charge: Dr. Sidney Klein.

Hahnemann Hospital Dispensary, 281 Cottage Grove Avenue.

Open Mondays and Thursdays, 2.30 to 4 P. M.

Physicians-in-charge: Dr. H. V. Halbert, Dr. A. L. Blackwood.

Stock Yards Dispensary, Bureau of Charities, 823 W. 47th Street.

Open Tuesdays and Saturdays, 9 to 10 A. M.

Physician-in-charge: Dr. J. A. Harvey.

INDIANA

EVANSVILLE

Evansville Anti-Tuberculosis Society Clinic (May 12, 1908):

Open six days a week from 2.30 to 4 P. M.

Conducted by the Evansville Anti-Tuberculosis Society.

Physician-in-charge: Dr. James Y. Welborn, assisted by seventeen others.

Number in regular attendance for first month: 15.

There is no visiting nurse, but cases are visited by the secretary of the Evansville Association for the Prevention and Relief of Tuberculosis.

DISPENSARIES

INDIANA, KENTUCKY

INDIANAPOLIS

Tuberculosis Department, Indianapolis City Dispensary (June 1, 1908):

Open week-days from 2 to 4 and 7 to 8 P. M. Sundays from 9 to 10 A. M.

Conducted by the city of Indianapolis.

Physician-in-charge: Dr. Edgar F. Kiser. Seven assistants are in attendance.

The tuberculosis clinic, although a branch of the City Dispensary, is separate from the rest of the dispensary. A nurse visits patients in their homes and distributes milk and eggs where necessary.

KENTUCKY

LEXINGTON

Free Dispensary for Tuberculosis, Associated Charities Building (March, 1908):

Open two days a week from 2 to 5 P. M.

Conducted by the Associated Charities of Lexington.

Physician-in-charge: Dr. E. B. Bradley.

Assisted by Dr. R. Julian Estill.

The Dispensary gives relief to needy cases. No visiting nurse is employed.

LOUISVILLE

Kentucky Anti-Tuberculosis Dispensary, 119 West Chestnut Street (June, 1907):

Open every week-day from 8 to 10 A. M.; Sundays, from 9 to 11 A. M.

Conducted by the Kentucky Anti-Tuberculosis Association.

Chief of Staff: Dr. William Baily. There are thirty-five physicians on the staff.

Number of new cases in 1907: 225.

Number in regular attendance: 50.

Daily average attendance: 3.

DISPENSARIES

KENTUCKY, LOUISIANA, MARYLAND

The Dispensary has a nurse who visits patients and furnishes them with milk, eggs, and other necessities.

LOUISIANA

NEW ORLEANS

In July, 1908, the Louisiana Anti-Tuberculosis League appropriated \$2500 for the establishment of a tuberculosis clinic, which will be opened before January 1, 1909.

MARYLAND

BALTIMORE

Christ Church Tuberculosis Dispensary, 602 S. Broad Street
(July 1, 1907):

Open Mondays, Wednesdays, and Saturdays from 4 to 5 P. M.

Conducted by the Maryland Association for the Prevention and Relief of Tuberculosis.

Physician-in-charge: Dr. John Girdwood.

Number of visits to dispensary in first ten months of work: 811.

Number in regular attendance: 200.

Daily average attendance: 7.

There is a visiting nurse in connection with the Dispensary.

Phipps Dispensary, Johns Hopkins Hospital, North Broadway
(March 1, 1905):

Open six days a week, 10 A. M. to 2 P. M.

Conducted by the Johns Hopkins Hospital. Mr. Henry Phipps furnishes most of the support for the Dispensary.

Physician-in-charge: Dr. Louis Hamman. There are twelve assistants.

Number of visits, January 1 to April 1, 1908: 2599.

Number in regular attendance: 333.

The Dispensary consists of a two-story building with five rooms on the first floor and six rooms on the second floor. On the first floor there

DISPENSARIES

MARYLAND, MASSACHUSETTS

is a waiting-room, two history-rooms, and two examining-rooms. On the second floor there is the library, a class-room, one room for tuberculin administration, and three rooms for laboratory purposes. One of these rooms is for clinical work, two for special investigation. The Dispensary has two nurses who visit and instruct patients in their homes. Relief is given through the local Charity Organization Society. Many of the patients are being treated with tuberculin and Marmorek's serum. These patients keep their own records and many of them sleep outdoors. The results have been satisfactory.

Department, "Diseases of the Lungs," University of Maryland Dispensary, Lombard and Green Streets (1906):

Open three days a week from 11 A. M. to 1 P. M.

Conducted by the University of Maryland.

Physician-in-charge: Dr. Gordon Wilson.

Daily average attendance: 8 to 10.

The Visiting Nurse Association furnishes nurses for the dispensary, and where relief is needed the Charity Organization Society furnishes it.

Tuberculosis Clinic of St. Luke's Hospital (February, 1906):

Open daily from 12 M. to 2 P. M.

Physician-in-charge: Dr. William Dulany Thomas.

Conducted by the St. Luke's Hospital.

Number in regular attendance: 4.

The clinic does not have a regular nurse for tuberculous cases, but uses the visiting nurse of the dispensary. Relief is furnished to needy cases by the Ladies' Auxiliary of the Hospital.

MASSACHUSETTS

BOSTON

Tuberculosis Department, Boston Dispensary (February 8, 1899):

Open every week-day from 9 to 11 A. M.

Conducted as one of the twenty special departments of the Boston Dispensary, a private corporation, established in 1796.

Physicians-in-charge: Dr. Edward O. Otis, Dr. Arthur W. Fairbanks, D. H. F. R. Watts, Dr. Bradford Kent, Dr. E. A. Burnham, Dr. David Townsend, and Dr. Charles A. Riley. At least two of the staff are constantly on duty.

Number of new patients treated in 1907: 995.

Daily average attendance: 18.

This was the first special clinic for walking cases of pulmonary tuberculosis established in America. Its value and service to the community have been attested not only by the immediate results in relieving needy cases, but also by the fact that it has served as the impetus to a movement which is spreading throughout the country.

Out-Patient Department of the Boston Consumptives' Hospital,
13 Burroughs Place (September 11, 1907):

Open Mondays, Wednesdays, Fridays, and Saturdays (for children)
from 9 to 11 A. M.

Conducted by the Consumptives' Hospital Department of the City
of Boston.

Physician-in-charge: Dr. Cleaveland Floyd.

Superintendent: Dr. Simon F. Cox.

Number of new patients examined from September 11 to January
31, 1908: 1122.

Number of cases under home surveillance, January 31, 1908: 987.

This was the first institutional work undertaken by the Consumptives' Hospital Department. If necessary, patients are placed in a hospital as soon as they are examined. If hospital accommodations are not available, they are treated at home. Milk is furnished to patients, and later eggs will be given. Each patient is furnished with a full outfit of sanitary supplies and literature.

The dispensary works in connection with the Municipal Day Camp at Mattapan, and will serve also as a receiving station for the New Municipal Hospital.

A feature of the work is the Children's Clinic, in which pre-tuberculous, and children from tuberculous families are given special attention.

DISPENSARIES

MASSACHUSETTS

Tuberculosis Clinic of the Massachusetts General Hospital (1905):

Open three days a week.

Conducted by the Social Service Department of the Massachusetts General Hospital.

Physicians-in-charge: Dr. John B. Hawes, 2d, and Dr. Cleveland Floyd.

This clinic operates only in the suburban districts around Boston. The methods employed combine those of the tuberculosis class and the general tuberculosis dispensary. The patients meet in groups or classes on certain days each week at the Hospital. The number in regular attendance at the clinic is about 130 to 140. In addition to the two physicians in charge of the clinic, there are also one trained nurse and fifteen volunteer visitors.

Tuberculosis Clinic of the Mt. Sinai Hospital (April, 1907):

Open Fridays, from 9 A. M. to 12 M.

Physicians-in-charge: Dr. Louis Mendelsohn and Dr. Harry Linenthal.

Number in regular attendance: 20.

There is also a visiting nurse connected with the clinic. This clinic is especially for Jewish consumptives who cannot speak English.

CAMBRIDGE

Cambridge Anti-Tuberculosis Association Dispensary, 689 Massachusetts Avenue (February 1, 1905):

Open Mondays from 10 to 11 A. M., and Thursdays from 7.30 to 9 P. M.

Conducted by the Cambridge Anti-Tuberculosis Association.

Physician-in-charge: Dr. A. W. Dudley. Four others are in attendance.

Number of visits to Dispensary in 1907: 311.

Number of patients in regular attendance at Dispensary: 35.

Daily average attendance: 4.

There is a visiting nurse in connection with the Dispensary.

By conducting the Dispensary in the offices of the Association, and securing volunteer medical service and the donation of drugs, the dispensary in 1907 cost the association only \$42.70.

Cambridge Anti-Tuberculosis Association. Children's Clinic
(April 13, 1907):

Open Saturdays from 10 to 11 A. M.

Conducted by the Cambridge Anti-Tuberculosis Association.

Physician-in-charge: Dr. A. W. Dudley.

From April 13 to June 29, 1907, 79 children were examined.

Daily average attendance: 8.

The object of this Clinic is to examine, as far as possible, all children in families where there is or has been tuberculosis.

The Clinic meets in two places simultaneously, at the rooms of the Anti-Tuberculosis Association and also in the public library at East Cambridge. Of the seventy-nine cases examined, only five were found to be tuberculous, but at least 50 per cent. of them showed some defect or abnormality.

CHELSEA

Tuberculosis Clinic of the Chelsea Anti-Tuberculosis Association,
Carter Street Playground (November 1, 1907):

Open Wednesdays from 3 to 6 P. M.

Conducted by the Chelsea Anti-Tuberculosis Association.

Physicians-in-charge: Dr. L. M. Freedman and Dr. G. B. Feninck.

There is a visiting nurse who looks after cases in their homes. Persons requiring relief are referred to charitable organizations.

The disastrous fire of April 12, 1908, destroyed the Frost Hospital, with which this clinic was formerly conducted. It was then moved to the Carter Street Playground, where a temporary structure is used.

HAVERHILL

Dispensary of the Haverhill Association for the Relief and Control of Tuberculosis
(March, 1908):

Open Tuesdays from 4 to 5 P. M.

DISPENSARIES

MASSACHUSETTS

Conducted by the Haverhill Association for the Relief and Control of Tuberculosis.

Physician-in-charge: Dr. I. J. Clarke.

The Dispensary has a nurse who looks after patients at home. There is also a tuberculosis class in connection with the dispensary. Where necessary, balconies for outdoor sleeping are built for needy patients.

LYNN

Tuberculosis Clinic of the Lynn Association for the Relief and Control of Tuberculosis (1907):

Open Mondays from 3.30 to 6 P. M.

Conducted by the Lynn Association for the Relief and Control of Tuberculosis.

Physicians-in-charge: Dr. H. P. Bennett and Dr. H. W. Newhall.

Number of patients in regular attendance: 45.

There is a nurse in connection with the clinic who visits and instructs patients in their homes.

MALDEN

Tuberculosis Dispensary of the Associated Charities (March, 1908):

Open two days a week from 11 A.M. to 12 M., and from 7.30 to 8.30 P. M.

Conducted by the Committee on Tuberculosis of the Associated Charities.

Physician-in-charge: Dr. Godfrey Ryder.

Daily average attendance: 2.

The Dispensary has no nurse. Volunteer visitors instruct patients in their homes. Where necessary relief is given.

WORCESTER

Tuberculosis Clinic, Worcester City Hospital (January, 1904):

Open Mondays and Thursdays, from 9 to 10 A. M.

Conducted by the City Hospital, a municipal institution.

DISPENSARIES

MASSACHUSETTS, MICHIGAN

Physician-in-charge: Dr. Albert C. Getchell, assisted by two others.

Number of visits to clinic in 1907: 600.

Number of patients in regular attendance: 20.

Daily average attendance: 6.

There is a special nurse in connection with the clinic, who is employed by the Worcester Tuberculosis Relief Association. Relief to needy patients is given through this organization and the Associated Charities.

Washburn Free Dispensary, Tuberculosis Clinic (May, 1907):

Open two days a week at 5 P. M.

Conducted by the Memorial Hospital.

Physicians-in-charge: Dr. Merrick Lincoln and Dr. Roy J. Ward.

Number of visits to clinic in 1907: 196.

Daily average attendance: 3.06.

The Washburn Free Dispensary is connected with the Memorial Hospital. The nurse who does the visiting work is furnished by the Worcester Tuberculosis Relief Association.

MICHIGAN

GRAND RAPIDS

Free Dispensary of the Grand Rapids Anti-Tuberculosis Society

(July 1, 1908):

Open every week-day from 12 M. to 1 P. M.

Conducted by the Grand Rapids Anti-Tuberculosis Society.

Physician-in-charge: Dr. Collins H. Johnston.

A visiting nurse is employed by the Dispensary.

DETROIT

Board of Health Tuberculosis Clinic (April, 1906):

Open three days a week from 11 to 12.30 P. M.

Conducted by the Board of Health.

Physician-in-charge: Dr. V. C. Vaughan, Jr.

Number of visits to dispensary from January 1 to May 1, 1908: 275.

DISPENSARIES

MICHIGAN, MINNESOTA

Number of patients in regular attendance: 30.

Daily average attendance: 10.

There is a visiting nurse connected with the clinic. Milk and eggs and sanitary supplies are furnished to needy patients.

A training-school has been established in connection with the clinic. This school consists of two Campbell tent houses erected upon land owned by the city and with accommodations for four patients. The dispensary patients are kept in these houses for a period of three weeks, during which time they are instructed with regard to the manner in which they should live. After spending three weeks' time in this sanatorium, they are returned to their homes and the treatment is continued at the clinic.

The Detroit Throat and Chest Free Dispensary, 328 Hastings Street (May, 1908):

Chief of Staff: Dr. E. L. Shurly.

The Dispensary is supported by a private organization founded for this specific purpose. H. N. Hovey is president of the organization.

MINNESOTA

MINNEAPOLIS

University Free Dispensary (1898):

Open every week-day from 12.30 to 2 P. M.

Conducted by the University of Minnesota, a State institution.

Physician-in-charge: Dr. George Douglas Head.

Number of visits to tuberculosis clinic in 1907: 420.

Number in regular attendance: 112.

Daily average attendance: 33.

The Dispensary does not set aside any particular days or hours for tuberculous patients, but it has a separate clinic for them. The district nursing and relief accorded to the Dispensary are given through the Associated Charities.

ST. PAUL

Tuberculosis Clinic of the St. Paul Free Dispensary (1908):

Physician-in-charge: Dr. A. W. Dunning.

MISSOURI**ST. LOUIS**

Health Department Dispensary, Clinic for Communicable Diseases of the Lungs (July, 1906):

Open week-days from 7 to 11 A. M. and 3 to 7 P. M., and Sundays from 9 to 11 A. M.

Conducted by the Health Department of the City of St. Louis.

Physician-in-charge: Dr. C. D. Scott, Chief Dispensary Physician.

Two visiting nurses from the St. Louis Society for the Relief and Prevention of Tuberculosis serve the clinic.

NEW JERSEY**CAMDEN**

Dispensary of the Camden Anti-Tuberculosis League (April, 1908):

Physician-in-charge: Dr. Henry H. Davis.

NEWARK

Tuberculosis Clinic, Newark City Dispensary (March 18, 1908):

Open two days a week from 3 to 4.30 P. M.

Conducted by the Board of Health.

Physician-in-charge: Dr. Richard H. Dieffenbach.

Number of patients in regular attendance: 20.

Daily average attendance: 12.

The Clinic has a visiting nurse, but gives no material aid. The Clinic serves as an examining station for the Municipal Tuberculosis Hospital at Verona.

DISPENSARIES

NEW JERSEY, NEW YORK

ORANGE

Tuberculosis Clinic of the Memorial Hospital (April 1, 1904):

Open two days a week from 12 M. to 1 P. M.

Conducted and supported by the Anti-Tuberculosis Committee of the Oranges.

Physician-in-charge: Dr. Ralph Hunt.

Number of visits to clinic in 1907: 206.

Number of patients in regular attendance: 10.

Daily average attendance: 4.

A special visiting nurse is associated with the dispensary. In some cases relief is given. Others are referred to the local charitable organizations.

NEW YORK

ALBANY

South End Dispensary, Clinic for Pulmonary Diseases (July 1, 1908):

Open four days a week from 5 to 6 P. M. on week-days and 3 to 4 on Sundays.

Conducted by the South End Dispensary, a private corporation.

Physician-in-charge: Dr. Arthur T. Laird.

BUFFALO

Tuberculosis Dispensary of the Charity Organization Society,

165 Swan Street (December 9, 1907):

Open every week-day from 4 to 6 P. M.

Conducted by the Tuberculosis Committee of the Charity Organization Society.

Physician-in-charge: Dr. George J. Eckel.

Number in regular attendance: 50.

Daily average attendance: 8.

The Dispensary is located in the Fitch Institute Building. A tuberculosis class supported by Trinity Church is connected with the Dispensary.

NEW YORK (Boroughs of Manhattan and the Bronx)

The Association of Tuberculosis Clinics, 105 East 22d Street (1908):

President: Dr. James Alexander Miller.

Vice-President: Dr. John H. Huddleston.

Acting Secretary: Lawrence Veiller.

The Association of Tuberculosis Clinics is the outgrowth of an experiment undertaken by the Committee on the Prevention of Tuberculosis of the New York Charity Organization Society to demonstrate the possibilities of effective home treatment of tuberculosis in New York City. This experiment was conducted by a special committee consisting of the chiefs of several of the tuberculosis clinics and representatives of the Charity Organization Society. This close association led to the formation of a separate organization having as its active members the heads of the eleven special tuberculosis clinics.

The purposes of the Association are: To organize dispensary control of pulmonary tuberculosis in New York City and to develop a uniform system of operation of such dispensaries as are organized for this purpose; to maintain patients under observation until they are satisfactorily disposed of, and to prevent their drifting from one dispensary to another; to facilitate the attendance of patients at the dispensary most convenient to their homes; to facilitate the work of visiting nurses in the homes of patients; to provide, for each patient requiring it, assistance by special funds or through benevolent organizations, to provide proper hospital, sanatorium, or dispensary care; and to coöperate with, and assist as far as possible, the Department of Health in the supervision of tuberculosis.

Members are elected and there are no dues. An active member must be a person in charge of a special tuberculosis clinic in Manhattan or the Bronx, provided with: (a) A separate class for tuberculosis cases; (b) a district nurse or visitor, assigned to this class; (c) a district within

which the work of the class is limited for new cases. Associate members may be any persons interested in anti-tuberculosis work.

A district scheme has been devised by which a special district is apportioned to each clinic. Patients are required to attend the clinic in the district of their residence, and whenever application is made to the wrong clinic, the patient is promptly referred by a proper card to the clinic located in his district. Patients receive free medical treatment, if unable to pay, and are visited regularly in their homes by experienced trained nurses. In some instances milk and eggs are provided by the clinic as a part of the treatment. Clothing, payment of rent, and general charitable relief are rendered either by special funds administered by the dispensary nurse or, as is more frequently the case, through proper benevolent organizations. Hospital and sanatorium care are secured for those who are in need of such treatment.

While having among its members the chiefs of several public dispensaries and while coöperating to the fullest extent with the Department of Health, the Association is a voluntary organization and is supported by voluntary contributions.

In most instances the special clinics now forming the Association are conducted in connection with the general dispensaries. An effort is being made to increase the number of these special tuberculosis clinics to at least twenty-five for the Borough of Manhattan. Those already connected with the movement are as follows:

- Bellevue Hospital Dispensary.
- German Hospital Dispensary.
- Harlem Hospital Dispensary.
- New York Dispensary.
- Presbyterian Hospital Dispensary.
- Two Department of Health Dispensaries.
- Gouverneur Hospital Dispensary.
- Mt. Sinai Hospital Dispensary.
- New York Hospital Dispensary.
- Vanderbilt Clinic.

Information concerning each of these clinics and the other independent dispensaries in New York is given below.

Bellevue Hospital Tuberculosis Clinic, Foot of East 26th Street
(December, 1903):

Open every week-day from 1 to 4 P. M.

Conducted by Bellevue Hospital, a municipal institution.

Physician-in-charge: Dr. James Alexander Miller. Eight others are in attendance.

Number of visits in 1907: 6147.

Number in regular attendance: 400.

Daily average attendance: 40.

In the five years of its existence the Clinic has worked along the five following lines:

1. Careful and thorough medical attention to each patient in a separate clinic by physicians especially interested and experienced in this disease.
2. Systematic investigation and supervision of the home conditions of each patient.
3. Education of the patients and their families in the principles of good hygiene and the prevention of the spread of infection.
4. The study of the social and economic conditions in connection with the medical aspects of each case and the relief and amelioration of those which are unfavorable.
5. The opportunity for scientific investigation and clinical experience for physicians and students.

Two nurses are used by the Clinic. These nurses, besides visiting and instructing patients, distribute any articles necessary for diet or comfort.

Tuberculosis Clinic of the German Hospital and Dispensary,
East 77th Street and Park Avenue (April 1, 1908):

Open every day from 3 to 4.30 P. M.

Conducted by the German Hospital and Dispensary.

Physicians-in-charge: Drs. A. Jacobi, Siegmund Breitenfeld, George Mannhimer, and Richard Stein.

The Tuberculosis Clinic occupies a new building, erected especially for this purpose by Mrs. A. Woershoffer. A visiting nurse looks after and instructs patients.

Tuberculosis Clinic of the Gouverneur Hospital Dispensary,

Gouverneur Slip (August, 1903):

Open three days a week from 2 to 4 P. M.

Conducted by the Trustees of Bellevue and Allied Hospitals, a municipal body.

Physician-in-charge: Dr. J. H. Huddleston, with Drs. N. G. Seymour and Charlotte Blum as assistants.

Number of visits to the clinic in 1907: 2215.

Number in regular attendance: 44.

Daily average attendance: 15.

Tuberculosis Clinic of the Harlem Hospital, Lenox Avenue and

136th Street (May 1, 1907):

Open every day from 2 to 4 P. M.

Conducted by the Trustees of Bellevue and Allied Hospitals.

Physician-in-charge: Dr. A. M. Shrady.

Number of visits to clinic in 1907: 2398.

Number in regular attendance: 240.

Daily average attendance: 10.

Tuberculosis Clinic of Mt. Sinai Hospital Dispensary, Madison

Avenue and 100th Street (1908):

Open every week-day from 10 to 11 A. M.

Conducted by Mt. Sinai Hospital.

Physician-in-charge: Dr. S. G. Goldwater, Superintendent of the Hospital.

Superintendent of Tuberculosis Clinic: Leo Arnstein.

Tuberculosis Clinic of the New York Hospital, 8 West 16th

Street (1907):

Open every week-day from 2 to 4 P. M.

Conducted by the Society of the New York Hospital.

Physician-in-charge: Dr. James C. Greenway, assisted by Dr. Hughes Dayton, Dr. N. B. Foster, and Dr. J. C. Roper.

Number of visits in 1907: 2103.

Number in regular attendance: 125.

Daily average attendance: 20.

Tuberculosis Clinic of the New York Dispensary, 180 Grand Street:
Conducted by the New York Dispensary, a private corporation.
Physician-in-charge: Dr. R. A. Fraser.

Presbyterian Hospital Tuberculosis Clinic, 70th Street and Madison Avenue (January, 1895):
Open three days a week from 1.30 to 3 P. M.
Conducted by the Presbyterian Hospital.
Physician-in-charge: Dr. Henry L. Shively.
Number of visits to clinic in 1907: Approximately, 6000.
Number of patients in regular attendance: 600 to 750.
Daily average attendance: 60 to 75.

The Clinic has a visiting nurse and gives relief in the form of needed diets of milk, eggs, and other necessities.

Vanderbilt Clinic, Tuberculosis Department (College of Physicians and Surgeons, Columbia University), 60th Street and Amsterdam Avenue:
Open three days a week from 9.30 to 12, and 2.30 to 4 P. M.
Physicians-in-charge: Dr. Henry S. Patterson and Dr. Linsly R. Williams.
Number in regular attendance: 24.

The American National Red Cross Society opened a day camp in connection with this clinic in October, 1908.

Special Dispensary for Pulmonary Tuberculosis of the New York Post-Graduate Medical School and Hospital (1898):
Open daily from 7 to 9 A. M. and 7 to 9 P. M.
Conducted by the New York Post-Graduate Medical School and Hospital.
Physician-in-charge: Dr. William J. Mersereau.
Number in regular attendance: 35 to 50.
Daily average attendance: 60 to 80.

There is no visiting nurse in connection with the Dispensary, but all patients are required to attend the Dispensary twice daily. Here they are given a dose of fat emulsion and whatever other medicines are required. No further relief is given.

Tuberculosis Clinic of the New York Throat, Nose, and Lung Hospital (1894):

Open six days a week from 2 to 4 P. M.

Conducted by the New York Throat, Nose, and Lung Hospital, a private corporation.

Physician-in-charge: Dr. Elmer A. Miller.

Number of visits to clinic in 1907: 4500.

Number of patients in regular attendance: 25.

Daily average attendance: 15.

A visiting nurse is employed only during the summer months.

Health Department Clinics:

Manhattan Tuberculosis Clinic, 967 Sixth Avenue (March 1, 1904):

Open daily, except Sundays and holidays, from 10 to 12 A. M.; 2 to 4 P. M.; and on Mondays, Wednesdays, and Fridays from 8 to 9 P. M.

Conducted by the Department of Health of the City of New York.

Chief of Clinics: Dr. Bertram H. Waters.

Ten other physicians are in attendance at the clinic.

Number of visits to clinic in first quarter of 1908: 4845.

Number of patients in regular attendance on March 31, 1908: 681.

Daily average attendance: 64.6.

This is one of three clinics conducted by the Department of Health, the other two being in the boroughs of Brooklyn and the Bronx. This clinic and the one in the Bronx belong to the Association of Tuberculosis Clinics. There are visiting nurses connected with these clinics, but no material relief is given to patients.

The Bronx Tuberculosis Clinic, 3731 Third Avenue (February 2, 1907):

Open daily, except Sundays and holidays, from 2 to 4 P. M.

Conducted by the Department of Health of the City of New York.

Chief of Clinics: Dr. Bertram H. Waters. There are three others in attendance.

Number of visits to clinic in first quarter of 1908: 1513.
Number in regular attendance on March 31, 1908: 391.
Daily average attendance: 20.2.

NEW YORK (Borough of Brooklyn)

Brooklyn Tuberculosis Clinic, 361 Jay Street (November 12, 1906):

Open daily, except Sundays and holidays, from 2 to 4 P. M.
Conducted by the Department of Health of the City of New York.

Chief of Clinics: Dr. Bertram H. Waters. There are six other physicians and nurses in attendance.

Number of visits to clinic in first quarter of 1908: 2558.
Number of patients in regular attendance March 31, 1908: 407.
Daily average attendance: 34.1.

This is one of three special tuberculosis clinics, conducted by the Department of Health, the other two being in the boroughs of Manhattan and the Bronx. The clinic has a visiting nurse, but dispenses no material relief to patients.

ROCHESTER

Health Bureau Clinic for Diseases of the Lungs (January, 1908):

Open three days a week from 3 to 5 P. M.
Conducted by the City Health Bureau.
Physician-in-charge: Dr. G. W. Goler.
Number in regular attendance: 28.
Daily average attendance: 5.

Children's Dispensary of the Rochester Public Health Association (1898):

Open daily from 2 to 5.30 P. M.
Conducted by the Rochester Public Health Association.
Physician-in-charge: Dr. Montgomery E. Leary. There are twelve other physicians in attendance

DISPENSARIES

NEW YORK

Number of visits to Dispensary in 1907: 1534.

Daily average attendance: 5.

This dispensary is only for children, and its work is rather for the prevention than for the treatment of tuberculosis and other diseases. The work of the dispensary is divided into clinics, among these being a clinic for diseases of the eye; a clinic for diseases of the ear, nose, and throat; a clinic for diseases of the teeth; an orthopedic clinic, and a medical clinic.

A visiting nurse looks after cases needing attention. Material relief is given where necessary.

ROME

Rome Dispensary for Pulmonary Diseases, 206 North James Street (April 30, 1908):

Open Tuesdays, Thursdays, and Saturdays from 12 M. to 1 P. M. and from 8 to 9 P. M.

Conducted by the Board of Health.

Physicians-in-charge: Drs. T. P. Scully, A. A. Gillette, T. G. Nock, J. O. Stranahan, D. H. White, and H. F. Hubbard.

Number in regular attendance at end of first month: 14.

The Dispensary was opened through the efforts of the State Charities Aid Association. While the equipment and maintenance of the dispensary are provided for by the city, the visiting nurse is supported by private subscriptions from the Rome Hospital.

SCHENECTADY

Clinic, Diseases of the Chest, City Hall Annex (June 23, 1908):

Open Thursdays and Fridays from 3 to 4 P. M., and Sundays from 11 A. M. to 12 M.

Conducted by the Health Department of the City of Schenectady.

Physicians-in-charge: Dr. Charles C. Duryee, Health Officer, Dr. Peter McParllon, Dr. L. A. Gould, Dr. N. A. Pashayan.

Number in regular attendance: 30.

There is a visiting nurse in connection with the Clinic. Relief is given through the Commissioner of Charities.

SYRACUSE

Tuberculosis Clinic of the City of Syracuse, 508 E. Fayette Street
(April 1, 1908):

Open Sundays from 3 to 4.30 P. M.; Mondays, from 2.30 to 4.30 P. M., and Thursdays from 2.30 to 4.30 P. M.

Conducted by the Bureau of Health. An appropriation of \$5000 made for this work.

Physician-in-charge: Dr. H. B. Doust, assisted by Dr. F. H. Knoff.

Number in regular attendance: 30.

Daily average attendance: 8.

The dispensary occupies commodious quarters in a large dwelling-house rented for the purpose. A large amount of literature is distributed by the dispensary. A nurse visits patients in their homes. Relief is given in the form of food, tents for outdoor sleeping, and other necessities.

TROY

Tuberculosis Relief Station, 2 Hill Street (May 20, 1908):

Open every day except holidays from 8 to 9 P. M.

Conducted by the Tuberculosis Relief Committee of Troy.

Physician-in-charge: Dr. H. W. Carey.

Number in regular attendance: 10.

The Relief Station occupies a small house, the downstairs of which is equipped for dispensary purposes. The nurse in charge of the dispensary visits patients in their homes. Relief is given to needy cases.

UTICA

Tuberculosis Clinic of the Utica Dispensary (June, 1908):

Open every week-day from 2 to 3 P. M.

Conducted by the Utica Dispensary, a private corporation, and in affiliation with the Tuberculosis Committee of the State Charities Aid Association.

Physician-in-charge: Dr. N. S. Nelson.

A visiting nurse, supported by the Ali Ikh Kan, a club of young women, works with the Clinic.

DISPENSARIES

NEW YORK, NORTH CAROLINA, OHIO

YONKERS

Yonkers Tuberculosis Dispensary (December 29, 1906):

Open every day, except Sundays and holidays, from 12 M. to 1 P. M.
and from 8 to 9 P. M. on three evenings a week.

Conducted by the Sanitary League of Yonkers.

Registrar: Dr. W. H. Vermilye. There are thirteen others in attendance.

A visiting nurse is connected with the Dispensary. Milk and eggs are given to needy patients.

Number of visits to Dispensary in 1907: 1500.

Number in regular attendance at Dispensary: 50.

Daily average attendance: 5.

The Dispensary is housed in a portable building with four rooms on the one floor.

NORTH CAROLINA

DURHAM

**Dispensary of the Durham Anti-Tuberculosis Association
(May, 1908):**

Physician-in-charge: Dr. T. A. Mann.

OHIO

CINCINNATI

**Tuberculosis Dispensary of Cincinnati Health Department,
508 West Ninth Street (September 1, 1907):**

Open every week-day from 9 to 11 A. M. and from 7 to 8 P. M. on Mondays and Thursdays.

Conducted by the Health Department.

Physician-in-charge: Dr. Oscar W. Stark.

Number of visits to Dispensary in 1907: 4160.

Number of patients in regular attendance: 75.

Daily average attendance: 16.

The Dispensary has a visiting nurse; no relief is given by the Dispensary directly.

CLEVELAND

Tuberculosis Dispensary of Cleveland, corner St. Clair and East 9th Streets (October 6, 1904):

Open four days a week from 1 to 5 P. M. On Saturdays the Dispensary is open for children only.

Conducted by Western Reserve University, the Dispensary Board of the Anti-Tuberculosis League, and the Visiting Nurse Association.

Medical Director: Dr. J. H. Lowman.

Secretary: Dr. F. W. Vincent.

Number of visits during year 1907: 2249.

Number in regular attendance: 175, of which number about 75 are children.

Daily average attendance: 11.

The Tuberculosis Dispensary of Cleveland was opened by the Medical College of Western Reserve University October 6, 1904. The Visiting Nurse Association took an active part in the establishment of the Dispensary and agreed to furnish nurses for the work. The rooms for the Dispensary in the college building were donated by the University, and these were equipped by the contributions of interested citizens and organizations. The Associated Charities was enlisted in the campaign and offered to give material aid, such as milk, eggs, etc., to needy cases recommended by the Dispensary. A staff of physicians was appointed to make the necessary examinations and recommendations.

The Tuberculosis Dispensary is the vital center of a composite body represented by the organizations above mentioned and the municipal authorities, all coöperating harmoniously in the work of controlling tuberculosis in Cleveland.

The Dispensary coöperates with the two municipal hospitals and the Children's Camp.

COLUMBUS**Columbus Free Dispensary (January 29, 1906):**

Open from 10 to 11 A. M. Saturdays, and from 4 to 6 P. M. Mondays and Thursdays.

Conducted by the Columbus Society for the Prevention and Cure of Tuberculosis. In 1908 the city of Columbus appropriated \$5000 for the support of the Dispensary.

Medical Director: Dr. C. O. Probst.

Number of visits in first eighteen months of operation: 2734.

Number in regular attendance: 63.

Daily average attendance: 14.

The Dispensary has two visiting nurses. Milk and eggs, medicines, sputum cups, and occasionally clothing and bedding are given to needy patients.

TOLEDO**Thalian Tuberculosis Dispensary (September, 1907):**

Open every Thursday morning.

Conducted by "The Thalias," an organization composed of young women of Toledo.

Physician-in-charge: Dr. R. P. Daniels, assisted by Drs. N. W. Brown, G. B. Booth, C. F. Tenney, and A. L. Steinfeld, Laryngologist.

Number of patients in regular attendance: 36, including about 18 who are confined to bed and unable to come.

Daily average attendance: 18.

The Dispensary is the only organized effort against tuberculosis in the city of Toledo. It has two nurses who visit and instruct patients. A large amount of relief in various forms is given to needy patients. "The Thalias" get their funds chiefly through an annual "charity day." The physicians in charge of the Dispensary attend the patients in their homes as well as at the Dispensary.

OKLAHOMA

OKLAHOMA CITY

Tuberculosis Clinic of the City Hospital (July, 1908):

Open two days a week at 2 P. M.

Conducted by the city.

Physician-in-charge: Dr. W. M. Hubbard.

Visiting Nurse: Miss Elizabeth O'Donnell.

PENNSYLVANIA

STATE TUBERCULOSIS DISPENSARIES

In the General Appropriations Act of 1907 the Legislature of Pennsylvania granted to the State Department of Health, in addition to its regular budget, the sum of \$400,000, "to establish and maintain, at such places in the State as may be deemed necessary, dispensaries for the free treatment of indigent persons affected with tuberculosis, for the study of social and occupational conditions that predispose to its development, and for continuing research experiments for the establishment of possible immunity and cure of said disease." This appropriation was to be for two years.

The Department of Health started out at once to establish dispensaries, and by June 1, 1908, sixty-seven State dispensaries were in operation, one in each county of the State.

The staff of each dispensary consists of a chief, who is also county medical inspector, and a corps of assistant physicians and nurses. The chief is paid for his services, but the assistants serve without salary. The dispensaries are located centrally, usually in the county seat of the county. Ample filing cases are provided for records.

The methods of work include the following lines:

1. Advertisement—as great as possible.
2. Examination and registration of all applicants. Those able to pay for medical attention are referred to family physician after examination.

3. Instruction of all applicants as to methods of communication and prevention.
4. Treatment and repeated examination of fit cases. Case notes are carefully made and kept.
5. Home inspection and instruction of patients and family by nurse. This inspection is made at intervals as required in each case.
6. Examination of patients for sanatoria.
7. Disinfection of infected houses.

Milk and eggs are distributed to all, and where necessary other aid is given. As a rule, milk and eggs are not given for a period longer than three months. In addition to food supplies each patient is liberally supplied with sputum cups.

The dispensaries are intended to be as much centers of education as places for treatment. In many of them tuberculosis class methods have been adopted, and day camps will also be established.

The dispensaries are under the direct control of Dr. Samuel G. Dixon, Commissioner of Health, and Dr. Thomas H. A. Stites, Medical Inspector of Dispensaries.

In addition to the sixty-seven State dispensaries, there are also several dispensaries conducted by private resources, located in Philadelphia and Pittsburg. Information concerning each of these, and also concerning each of the State dispensaries, arranged in alphabetical order, according to location, is given below:

ALLENTOWN (Lehigh County)

Department of Health Dispensary No. 51 (February 28, 1908):

Open three days a week from 2 to 4 P. M.

Physician-in-charge: Dr. M. F. Cawley, assisted by four other physicians.

There is one visiting nurse in connection with the dispensary.

ALTOONA (Blair County)

Department of Health Dispensary No. 14 (December 10, 1907):

Open two days a week from 12 M. to 2 P. M.

Physician-in-charge: Dr. Joseph D. Findley, assisted by two other physicians.

There is a visiting nurse in connection with the dispensary.

BELLEFONTE (Centre County)

Department of Health Dispensary No. 7 (November 5, 1907):

Open two days a week from 1.30 to 3.30 P. M.

Physician-in-charge: Dr. G. F. Harris.

BERWICK (Columbia County)

Department of Health Dispensary No. 16 (November 5, 1907):

Open two days a week from 1 to 4 P. M.

Physician-in-charge: Dr. S. B. Arment.

There is a visiting nurse in connection with the dispensary.

BRADFORD (McKean County)

Department of Health Dispensary No. 38 (February 14, 1908):

Open two days a week from 1 to 3 P. M.

Physician-in-charge: Dr. W. Clyde Hogan.

BUTLER (Butler County)

Department of Health Dispensary No. 15 (November 15, 1907):

Open two days a week from 1 to 4 P. M.

Physician-in-charge: Dr. H. D. Hockenberry, assisted by two other physicians.

There is a visiting nurse in connection with the dispensary.

CARLISLE (Cumberland County)

Department of Health Dispensary No. 4 (October 25, 1907):

Open two days a week from 12 M. to 2 P. M.

Physician-in-charge: Dr. H. B. Bashore, assisted by one other physician.

There is a visiting nurse in connection with the dispensary.

CHAMBERSBURG (Franklin County)

Department of Health Dispensary No. 11 (November 10, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. H. X. Bonebrake.

CHESTER (Delaware County)

Department of Health Dispensary No. 12 (November 12, 1907):

Open four days a week from 2 to 4 P. M.

DISPENSARIES

PENNSYLVANIA

Physician-in-charge: Dr. R. S. Maison, assisted by three other physicians.

There are two visiting nurses connected with the dispensary.

CLARION (Clarion County)

Department of Health Dispensary No. 43 (January 21, 1908):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. J. S. Reiner.

There is a visiting nurse in connection with the dispensary.

CLEARFIELD (Clearfield County)

Department of Health Dispensary No. 62 (May 7, 1908):

Open one day a week from 10.30 A. M. to 12.30 P. M.

Physician-in-charge: Dr. A. C. Stewart.

COUDERSPORT (Potter County)

Department of Health Dispensary No. 27 (February 24, 1908):

Open two days a week from 1 to 3 P. M.

Physician-in-charge: Dr. E. H. Ashcraft.

DANVILLE (Montour County)

Department of Health Dispensary No. 28 (December 14, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. George A. Stock.

DOYLESTOWN (Bucks County)

Department of Health Dispensary No. 23 (May 30, 1908):

Open one day a week from 4 to 6 P. M.

Physician-in-charge: Dr. I. S. Plymire.

DUSHORE (Sullivan County)

Department of Health Dispensary No. 59 (April 8, 1908):

Open one day a week from 11 A. M. to 12 M.

Physician-in-charge: Dr. J. L. Christian, assisted by one other physician.

EASTON (Northampton County)

Department of Health Dispensary No. 52 (April 28, 1908):

Open two days a week from 3 to 5 P. M.

Physician-in-charge: Dr. E. M. Green, assisted by two other physicians.

There is a visiting nurse in connection with the dispensary.

ERIE (Erie County)

Department of Health Dispensary No. 3 (December 10, 1907):

Open two days a week from 3 to 5 P. M.

Physician-in-charge: Dr. J. W. Wright, assisted by four other physicians.

There is one visiting nurse in connection with the dispensary.

EVERETT (Bedford County)

Department of Health Dispensary No. 61 (April 14, 1908):

Open two days a week from 1 to 2 P. M.

Physician-in-charge: Dr. W. de Hill.

GETTYSBURG (Adams County)

Department of Health Dispensary No. 60:

Open from 10 A. M. to 12 M. daily.

Physician-in-charge: Dr. J. K. Dickson.

GREENSBURG (Westmoreland County)

Department of Health Dispensary No. 57:

Open one day a week from 2 to 4 P. M.

Physician in-charge: Dr. I. N. Portser.

HARRISBURG (Dauphin County)

Department of Health Dispensary No. 13 (March 23, 1908):

Open six days a week from 3 to 5 P. M.

Physician-in-charge: Dr. Paul A. Hartman, assisted by three other physicians.

There are two visiting nurses in connection with the dispensary.

HONESDALE (Wayne County)

Department of Health Dispensary No. 18 (January 3, 1908):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. H. B. Ely.

HUNTINGDON (Huntingdon County)

Department of Health Dispensary No. 47 (April 3, 1908):

Open one day a week from 1.30 to 3.30 P. M.

Physician-in-charge: Dr. H. C. Frontz.

INDIANA (Indiana County)

Department of Health Dispensary No. 48 (February 26, 1908):

Open one day a week from 11 A. M. to 12 M.

Physician-in-charge: Dr. W. A. Simpson.

JOHNSTOWN (Cambria County)

Department of Health Dispensary No. 9 (November 26, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. W. E. Matthews, assisted by one other physician.

There is one visiting nurse connected with the dispensary.

KITTANNING (Armstrong County)

Department of Health Dispensary No. 24 (November 5, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. T. N. McKee.

LANCASTER (Lancaster County)

Department of Health Dispensary No. 39 (January 3, 1908):

Open one day a week from 3 to 5 P. M.

Physician-in-charge: Dr. J. L. Mowery, assisted by two other physicians.

There is one visiting nurse in connection with the dispensary.

LEBANON (Lebanon County)

Department of Health Dispensary No. 5 (December 21, 1907):

Open two days a week from 10 A. M. to 12 M.

Physician-in-charge: Dr. A. J. Riegel.

There is one visiting nurse in connection with the dispensary.

LEWISTOWN (Mifflin County)

Department of Health Dispensary No. 10 (February 18, 1908):

Open two days a week from 11 A. M. to 1 P. M.

Physician-in-charge: Dr. C. H. Brisbin.

There is one visiting nurse in connection with the dispensary.

LOCK HAVEN (Clinton County)

Department of Health Dispensary No. 46 (May 14, 1908):

Open one day a week from 2 to 3 P. M.

Physician-in-charge: Dr. R. B. Watson, assisted by one other physician.

There is a visiting nurse in connection with the dispensary.

MAUCH CHUNK (Carbon County)

Department of Health Dispensary No. 45 (March 20, 1908):

Open two days a week from 11 A. M. to 1 P. M.

Physician-in-charge: Dr. John K. Henry.

McCONNELLSBURG (Fulton County)

Department of Health Dispensary No. 17 (December 10, 1908):

Open one day a week from 1 to 4 P. M.

Physician-in-charge: Dr. J. W. Mosser.

MIFFLINBURG (Union County)

Department of Health Dispensary No. 29 (January 4, 1908):

Open two days a week from 12 M. to 2 P. M.

Physician-in-charge: Dr. C. H. Dimm.

MEYERSDALE (Somerset County)

Department of Health Dispensary No. 30 (December 4, 1907):

Open one day a week from 2 to 4 P. M.

Physician-in-charge: Dr. C. P. Large.

MIFFLINTOWN (Juniata County)

Department of Health Dispensary No. 26 (December 17, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. W. H. Banks, assisted by one other physician.

There is one visiting nurse in connection with the dispensary.

MILFORD (Pike County)

Department of Health Dispensary No. 19 (December 6, 1907):

Open one day a week from 2 to 4 P. M.

Physician-in-charge: Dr. W. B. Kenworthy.

MONONGAHELA CITY (Washington County)

Department of Health Dispensary No. 55 (February 20, 1908):

Open one day a week from 2 to 4 P. M.

Physician-in-charge: Dr. C. B. Wood.

MONTROSE (Susquehanna County)

Department of Health Dispensary No. 49 (March 27, 1908):

Open one day a week from 1 to 2 P. M.

Physician-in-charge: Dr. H. B. Lathrop.

NEW BLOOMFIELD (Perry County)

Department of Health Dispensary No. 25 (January 9, 1908):

Open one day a week at 2 P. M.

Physician-in-charge: Dr. A. R. Johnston.

MEADVILLE (Crawford County)

Department of Health Dispensary No. 41 (January 13, 1908):

Open two days a week from 3 to 5 P. M.

Physician-in-charge: Dr. J. K. Roberts, assisted by one other physician.

There is a visiting nurse in connection with the dispensary.

NEW CASTLE (Lawrence County)

Department of Health Dispensary No. 35 (January 24, 1908):

Open two days a week from 10 A. M. to 12 M.

Physician-in-charge: Dr. J. D. Moore, assisted by two other physicians.

There is one visiting nurse in connection with the dispensary.

NORRISTOWN (Montgomery County)

Department of Health Dispensary No. 31 (January 3, 1908):

Open two days a week from 2.30 to 4.30 P. M.

Physician-in-charge: Dr. H. H. Whitcomb, assisted by four other physicians.

There is one visiting nurse in connection with the dispensary.

OIL CITY (Venango County)

Department of Health Dispensary No. 32 (December 13, 1907):

Open two days a week from 12.30 to 2 P. M.

Physician-in-charge: Dr. J. P. Strayer.

There is a visiting nurse in connection with the dispensary.

PHILADELPHIA

Department of Health Dispensary No. 21 (January 7, 1908):

Open daily from 11 A. M. to 1 P. M.

Physician-in-charge: Dr. Alfred Stengel, and five assistants.

There are three visiting nurses in connection with the dispensary.

Germantown Dispensary and Hospital Tuberculosis Clinic
(May 16, 1908):

Open Tuesdays and Saturdays from 3 to 6 P. M.

Conducted by the Germantown Hospital, a private institution.

Physician-in-charge: Dr. J. Clinton Foltz, assisted by three others.

Number in regular attendance at Clinic: 22.

There is a visiting nurse in connection with the Clinic. Relief is given by local churches and organizations.

Dispensary of the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis, 238 Pine Street (February 1, 1903):

Open every week-day from 11 A. M. to 1 P. M. and from 2 to 4 P. M.

Conducted by the Henry Phipps Institute; supported by Henry Phipps, of New York.

Physician-in-charge: Dr. Lawrence F. Flick, assisted by twenty-one others.

Number of visits to dispensary in 1907: 8405.

Daily average attendance: 23.

Visiting nurses are employed to look up cases at home. Preventive supplies are given to all patients. Milk is given to about one-third of them.

Jefferson Medical College Dispensary for Tuberculosis (June, 1908):

Open Mondays, Wednesdays, and Fridays from 1 to 2 P. M.

Conducted by the Jefferson Hospital.

Physician-in-charge: Dr. H. R. M. Landis.

Kensington Dispensary for the Treatment of Tuberculosis,
corner Trenton and Susquehanna Avenues (March 29, 1906;
Incorporated October 14, 1907):

Open every week-day from 12 M. to 1 P. M. and 3 to 4 P. M. and
at 8 o'clock Wednesday and Saturday evenings.

Conducted by a private corporation, through a Board of Lady
Managers of fifteen and an advisory board of twelve.

Sister-in-charge: Sister Maria Roeck.

Medical Director: Dr. J. Willoughby Irwin. There are twenty-
four other physicians and one dentist in regular attendance.

Number of visits to Dispensary in 1907: 4285.

Number in regular attendance: 165 to 175.

Daily average attendance: 15.

The Kensington Dispensary for the Treatment of Tuberculosis is
situated in the heart of the mill district in Philadelphia. It is associated
with the Kensington Branch of the Y. M. C. A., one of whose field
secretaries is a member of the staff. While not many talks have been
given to the working-men of that district, preparations have been made
to give talks at the noon-day hour at the various mills and foundries
after the men have had their lunch.

By November 1, 1908, a new building, which will combine both
dispensary and hospital, will be occupied.

**The Matilda H. Loeb Dispensary of the Jewish Hospital of
Philadelphia, Diseases of the Lung (July, 1907):**

Open Mondays from 4 to 6 P. M.

Conducted by the Jewish Hospital Association.

Physician-in-charge: Dr. W. B. Fetterman, Jr.

Number of new cases in 1907: 108.

Number in regular attendance: 20.

**Dispensary of Rush Hospital for the Treatment of Consumption
and Allied Diseases:**

Open every week-day from 2.30 to 3.30 P. M.

Conducted by the Rush Hospital; partially subsidized by the State.

Physicians-in-charge: Drs. S. Solis Cohen, T. M. Tyson, J. D. McLean, J. P. Bennett, R. H. Skillirn, and Freda E. Lippert.

Number of visits in 1905: 2525.

Number in regular attendance: 48.

Tuberculosis Clinic of the Dispensary of the University of Pennsylvania Hospital:

Open every week-day from 12 M. to 3 P. M.

Conducted by the University of Pennsylvania Hospital.

Physician-in-charge: Dr. M. H. Fussell.

Number in regular attendance: 100.

PITTSBURG (Allegheny County)

Department of Health Dispensary No. 20 (January 21, 1908):

Open six days a week from 3 to 5 P. M.

Physician-in-charge: Dr. S. M. Rinehart, assisted by ten other physicians.

There are three visiting nurses connected with the dispensary.

Dispensary of the Tuberculosis League of Pittsburg, 2851

Bedford Avenue (February, 1907):

Open every week-day from 2 to 4 P. M.

Conducted by the Tuberculosis League of Pittsburg.

Physician-in-charge: Dr. William Charles White.

Number of visits in 1907: 800.

The dispensary has two visiting nurses and distributes milk and eggs to needy patients. Plans were prepared in June, 1908, for a new two-story dispensary building on ground adjoining the present building. The Dispensary Aid Society, a band of young women of Pittsburg, is raising the funds. The building and equipment will cost about \$10,000. On the second floor, besides the rooms for district nurses and baths, etc., there will be a large sleeping porch.

POTTSVILLE (Schuylkill County)

Department of Health Dispensary No. 66 (April 28, 1908):

Open two days a week from 11 A. M. to 12.30 P. M.

DISPENSARIES**PENNSYLVANIA**

Physician-in-charge: Dr. L. T. Kennedy, assisted by one other physician.

There is one visiting nurse in connection with the dispensary.

PUNXSUTAWNEY (Jefferson County)

Department of Health Dispensary No. 64 (May 11, 1908):

Open one day a week from 11 A. M. to 12 M.

Physician-in-charge: Dr. J. E. Gruba.

READING (Berks County)

Department of Health Dispensary No. 37 (January 15, 1908):

Open two days a week from 3 to 4 P. M.

Physician-in-charge: Dr. Israel Cleaver, assisted by one other physician.

There is a visiting nurse in connection with the dispensary.

RIDGEWAY (Elk County)

Department of Health Dispensary No. 42 (January 21, 1908):

Open two days a week from 3 to 4 P. M.

Physician-in-charge: Dr. J. E. Rutherford.

ROCHESTER (Beaver County)

Department of Health Dispensary No. 22 (January 24, 1908):

Open two days a week from 3 to 4 P. M.

Physician-in-charge: Dr. E. S. H. McCauley, assisted by one other physician.

SCRANTON (Lackawanna County)

Department of Health Dispensary No. 40 (February 25, 1908):

Open two days a week from 2 to 4 P. M.

Physician-in-charge: Dr. J. C. Reifsnyder, assisted by four other physicians.

There is a visiting nurse in connection with the dispensary.

SELINGSGROVE (Snyder County)

Department of Health Dispensary No. 50 (February 4, 1908):

Open one day a week from 9 to 11 A. M.

Physician-in-charge: Dr. F. J. Wagenseller.

SHAMOKIN (Northumberland County)

Department of Health Dispensary No. 53 (March 10, 1908):

Open two days a week from 10 A. M. to 12 M.

Physician-in-charge: Dr. R. H. Simmons, assisted by four other physicians.

There is a visiting nurse in connection with the dispensary.

SHARON (Mercer County)

Department of Health Dispensary No. 36 (February 18, 1908):

Open one day a week from 10 A. M. to 12 M.

Physician-in-charge: Dr. P. P. Fisher, assisted by one other physician.

There is one visiting nurse in connection with the dispensary.

STROUDSBURG (Monroe County)

Department of Health Dispensary No. 65 (April 16, 1908):

Open one day a week from 2 to 3 P. M.

Physician-in-charge: Dr. W. E. Gregory.

There is a visiting nurse in connection with the dispensary.

TIOGA (Tioga County)

Department of Health Dispensary No. 58 (February 23, 1908):

Open one day a week from 12 M. to 1 P. M.

Physician-in-charge: Dr. S. P. Hakes.

TIONESTA (Forest County)

Department of Health Dispensary No. 34 (December 20, 1907):

Open one day a week from 9 to 11 A. M.

Physician-in-charge: Dr. F. J. Bovard.

TOWANDA (Bradford County)

Department of Health Dispensary No. 44 (January 20, 1908):

Open one day a week from 1 to 3 P. M.

Physician-in-charge: Dr. S. M. Woodburn.

TUNKHANNOCK (Wyoming County)

Department of Health Dispensary No. 56 (January 24, 1908):

Open one day a week from 11 A. M. to 12 M.

Physician-in-charge: Dr. B. E. Bidleman.

WARREN (Warren County)

Department of Health Dispensary No. 54 (March 14, 1908):

Open one day a week from 4 to 6 P. M.

Physician-in-charge: Dr. M. V. Ball.

UNIONTOWN (Fayette County)

Department of Health Dispensary No. 67 (May 30, 1908):

Open two days a week from 12 M. to 2 P. M.

Physician-in-charge: Dr. O. R. Altman.

There is a visiting nurse connected with the dispensary.

WAYNESBURG (Greene County)

Department of Health Dispensary No. 63 (March 12, 1908):

Open one day a week from 1 to 3 P. M.

Physician-in-charge: Dr. J. T. Iams.

WEST CHESTER (Chester County)

Department of Health Dispensary No. 6 (December 5, 1907):

Open two days a week from 2 to 4 P. M.

Physician-in-charge; Dr. Joseph Scattergood, assisted by one other physician.

There is a visiting nurse in connection with the dispensary.

WILKES-BARRE (Luzerne County)

Department of Health Dispensary No. 1 (July 22, 1907):

Open six days a week from 3 to 5 P. M.

Physician-in-charge: Dr. Charles H. Miner, assisted by six other physicians.

There are three visiting nurses connected with the dispensary.

WILLIAMSPORT (Lycoming County)

Department of Health Dispensary No. 33 (February 22, 1908):

Open two days a week from 10 A. M. to 2 P. M.

Physician-in-charge: Dr. Frank Seely.

There is a visiting nurse connected with the dispensary.

YORK (York County)

Department of Health Dispensary No. 2 (November 12, 1907):

Open five days a week from 3 to 5 P. M.

DISPENSARIES

PENNSYLVANIA, RHODE ISLAND, VIRGINIA

Physician-in-charge: Dr. J. S. Miller, assisted by ten other physicians.

There is a visiting nurse connected with the dispensary.

RHODE ISLAND

PROVIDENCE

Out-patient Department of Pulmonary Tuberculosis, Rhode Island Hospital (July 1, 1900):

Open three days a week from 9 A. M. until patients are treated.

Conducted by the Rhode Island Hospital.

Physicians-in-charge: Dr. Jay Perkins and Dr. Pearl Williams.

Daily average attendance: $18\frac{2}{3}$.

Number in regular attendance: 108.

The Hospital employs a nurse to visit the clinic cases. Relief is given through the Providence League for the Suppression of Tuberculosis, with which body the dispensary continually coöperates. During the summer of 1908 a day camp was conducted jointly by the Hospital and the League.

VIRGINIA

NORFOLK

Clinic for Consumptives, 41 Queen Street (April, 1906):

Open six days a week from 3 to 4 P. M.

Conducted by the Anti-Tuberculosis League of Norfolk.

Physician-in-charge: Dr. Charles R. Grandy.

Number in regular attendance: 40.

Daily average attendance: $2\frac{1}{2}$.

The dispensary has a visiting nurse. Sputum cups and some other necessary things are distributed.

RICHMOND

Health Department Dispensaries for Communicable Diseases of the Lungs and Throat (November 26, 1907):

Realizing the dangers and loss to the city from tuberculosis, the Board of Health in the fall of 1907 opened two dispensaries, one for white patients and one for colored patients, as an initial step in the city's fight against tuberculosis.

Both dispensaries are opened five days a week from 12 M. to 1 P. M. Besides the chief of staff, there are six other physicians in constant attendance at each dispensary. The city is divided into five districts, each assigned to a trained nurse, who visits in their homes all cases in her district; and who is also at each dispensary one day each week.

Dispensary for White Patients, 1408 Franklin Street:

Physician-in-charge: Dr. B. L. Taliaferro.

Dispensary for Colored Patients, 412 N. Third Street:

Physician-in-charge: Dr. T. A. Parker.

Richmond Tuberculosis Institute (November 1, 1905):

Open every day from 7 to 9 A. M. and from 7 to 9 P. M.

Conducted by Dr. W. H. Parker and a group of charitable persons in Richmond. For the first eighteen months the dispensary was run strictly as a free institution, but owing to the large number of patients, it was put on a part pay basis.

Physician-in-charge: Dr. William H. Parker, assisted by Dr. G. C. Woodson and Dr. B. A. Hord.

There are three visiting nurses in connection with the dispensary.

Some material aid is given to patients.

Number of patients in regular attendance at dispensary: 40 to 45.

Daily average attendance: 40 to 45. Attendance is compulsory.

This dispensary is established in a specially constructed modern building in the rear of Dr. Parker's private residence.

WISCONSIN**MILWAUKEE**

Free Dispensary for the Tuberculous, 398 Grove Street (April 27, 1908):

Open every week-day from 3.30 to 5.30 P. M.

Conducted by the Society for the Care of the Sick.

Physician-in-charge: Dr. Eugene A. Smith. Other physicians, divided into bi-monthly shifts of two each, assist.

The Dispensary started with one nurse in constant attendance at the Dispensary and three other visiting nurses. A store in the congested part of the city was fitted up for the use of the Dispensary.

CANADA**MONTREAL (Quebec)**

Dispensary of the Montreal Tuberculosis League (November, 1904):

Open every week-day from eleven o'clock until all patients are treated.

Conducted by the Montreal Tuberculosis League.

Physician-in-charge: Dr. E. S. Harding. Three other physicians are in attendance.

Number of visits to dispensary in 1907: 1882.

Daily average attendance: 9.

Number in regular attendance: 175.

No regular visiting nurse is employed. The Dispensary makes use of a special fund to supply milk, eggs, clothes, coal, rent, and other necessities to needy patients.

OTTAWA (Ontario)

The May Court Club Dispensary, 248 Friel Street (June 17, 1908):

Open Mondays, Wednesdays, and Fridays from 11 A. M. to 1 P. M.

Conducted by the May Court Club.

DISPENSARIES**CANADA**

Physicians-in-charge: Drs. Bradley, Chabot, and Maybury.

The Dispensary consists of a doctor's room, waiting-room, nurses' room, two lavatories, and a laboratory.

TORONTO (Ontario)**Tuberculosis Clinic, Toronto General Hospital (1906):**

Open one day a week from 10 A. M. to 12 M.

Conducted by the Toronto General Hospital.

The City Council pays \$540 annually for the support of a nurse for the clinic.

Physician-in-charge: Dr. Harold C. Parsons.

Daily average attendance: 9.

Number in regular attendance: 45.

The nurse, in connection with her visiting, dispenses eggs and milk and other necessities to needy families. This relief is paid for by the Hospital.

**TUBERCULOSIS CLASSES IN THE
UNITED STATES**

**TUBERCULOSIS CLASSES IN THE
UNITED STATES**

TUBERCULOSIS CLASSES

MAINE, MASSACHUSETTS

Number in class: 22.

Meets weekly at Emanuel Chapel.

Visitor: Miss Mary Dunbar. Three senior medical students assist in the visiting and the class work.

A day camp in connection with the class was opened in 1908. This class and day camp was organized and is supported by the efforts of Bishop Codman and Dr. Stephen H. Weeks, of Portland.

MASSACHUSETTS

BOSTON

Arlington Street Church Tuberculosis Class (May 1, 1906):

Medical Director: Dr. Nathaniel K. Wood, 259 Beacon Street.

Number in Class: 14.

Meets weekly at Out-patient Department of the Boston Consumptives' Hospital.

The class was originally organized as the Channing Tuberculosis Class and adopted its present name on November 1, 1906. During the first two years in which the class has been in existence forty-three patients have been treated. Of this number, eight have returned to work—two for a year and a half, two for one year, three for nine months, and one for one month. All are in good condition. Two cases improved sufficiently to be admitted to the State Sanatorium at Rutland, although rejected there before treatment. Twelve patients had to be discharged (after one to three months' treatment) for persistent disregard of the rules of the class; seven cases have died; fourteen are still in the class, and without exception are making steady improvement, and at least 75 per cent. of them should recover.

At the weekly meetings the director, two assistant physicians, a nurse, and two representatives of Arlington Street Church are in attendance.

Emmanuel Church Tuberculosis Class (July 1, 1905):

Medical Director: Dr. Joseph H. Pratt, 143 Newbury Street.

Number in class: 20.

Meets weekly at the Massachusetts General Hospital.

This is the first tuberculosis class to be established in the United States, and following the good results of its work, all the others have sprung up. The essential elements of the class are: the weekly meetings, where advice and cheer are given to all; the keeping of the daily record by the patient himself; the sleeping in the open air, together with the proper diet; and the visits by the physicians, and especially the friendly visitor. The class is supported by the Emmanuel Church.

Mount Sinai Tuberculosis Class (April, 1907):

Medical Directors: Dr. H. Linenthal, 327 Blue Hill Avenue, Roxbury, and Dr. L. Mendelsohn, 477 Washington Street, Dorchester.

Number in class: 35.

Meets weekly at the Mount Sinai Hospital.

There is a visiting nurse connected with the class, who instructs patients in their homes. The results have been very satisfactory, almost all of the one hundred cases treated showing marked improvement in health. In addition, the educational preventive work has been of great value.

Suburban Tuberculosis Class (January 1, 1906):

Medical Director: Dr. John B. Hawes, 2d, 295 Beacon Street.

Number in class: 50.

Meets weekly on Tuesday and Thursday mornings at the Massachusetts General Hospital.

There is one paid visitor and one nurse connected with the class. Besides, there are several volunteer visitors and two other physicians besides the director.

The aim of the class has been to stimulate the suburbs of Boston and the outlying towns to care for their own patients. In this the class has been very successful.

BROCKTON

**Tuberculosis Class of the Brockton Anti-Tuberculosis Society
(July 1, 1907):**

Medical Director: Dr. Fred J. Ripley.

Number in class: 10.

Meets at irregular intervals at office of Director.

Number of cases under observation during year 1907: 33.

There is a visiting nurse as well as four volunteer visitors.

CAMBRIDGE

Cambridge Anti-Tuberculosis Class (April 6, 1906):

Medical Director: Dr. Fred R. Jouett, assisted by Dr. R. E. Andrews.

Number in class: 10.

Meets weekly at the office of the Cambridge Anti-Tuberculosis Association, 689 Massachusetts Avenue.

During the year 1907 twenty-nine patients were treated, of which number ten showed marked improvement, four moderate improvement, three remained stationary, four grew worse, four were transferred, and four died.

HAVERHILL

Haverhill Tuberculosis Association Class (April 7, 1908):

Medical Director: Dr. I. J. Clarke.

Number in regular attendance: 3.

Meets weekly at 39 Emerson Street.

There are no visitors in connection with the class, but three physicians assist Dr. Clarke in the work.

LYNN

Tuberculosis Class of the Lynn Association for the Relief and Control of Tuberculosis (1907):

Medical Directors: Dr. H. W. Newhall and Dr. H. P. Bennett.

Number in class: 12.

Meets weekly in office of Associated Charities.

Visiting Nurse: Miss Isabelle G. Edgar.

Of the twelve class cases, seven have shown marked improvement, with gains from six to twenty pounds. It is hard to estimate how much good has been done in the way of education and prevention.

TUBERCULOSIS CLASSES

MASSACHUSETTS, NEW JERSEY

SALEM

Salem Tuberculosis Class (January 8, 1908):

Medical Director: Dr. Walter G. Phippen.

Number in class: 9.

Meets weekly at out-patient department of the Salem Hospital.

There is a nurse in connection with the class, who visits members of the class and others who may be recommended.

WINCHESTER

Winchester Tuberculosis Class (May 1, 1908):

Director: Mrs. Henry L. Houghton.

Number in class: 2.

Meets weekly in Waterfield Hall.

NEW JERSEY

MONTCLAIR

Tuberculosis Class of Montclair Committee for the Relief and Prevention of Tuberculosis (November 30, 1907):

Medical Director: Dr. Stella S. Bradford.

Visitor: Miss Isabel Holt.

Number in class: 15.

Meets weekly.

The class is unique in that it is composed of children, some tuberculous and some in a pre-tuberculous condition. The object of the class is prevention rather than treatment. Besides the weekly meetings, careful and regular inspections are made by the lay visitor, and special attention is given to diet and to the prevention of further infection of afflicted families.

NEW YORK**ALBANY****Albany Guild Tuberculosis Class** (November, 1907):

Medical Directors: Dr. Charles K. Winne, Jr., and Dr. Arthur T. Laird.

Number in class: 6.

Meets every Monday afternoon at the Guild House of the Albany

Guild for the Care of the Poor, 355 Madison Avenue.

Absolute rest is insisted upon, especially at first when fever is present, and this is taken in the open air on a porch or balcony, or in a tent, on the roof or in the yard. When the patients are so situated that they have no porch, and are unable to provide themselves with a tent, means are provided entirely or in part by the Guild to meet the deficiency. In addition to the tent, a cot bed, reclining chair, and blankets are provided. Diary note-books are also given the patients in order that they may keep a personal record of pulse, temperature, diet, and general subjective condition. They receive daily visits from one of the Guild nurses, and once a week will meet the physicians-in-charge, in the Guild House. At these meetings the record books are inspected, progress noted, directions given, and a general conference held for instruction and mutual help.

BUFFALO**Trinity Church Class** (January 31, 1908):

Medical Director: Dr. George J. Eckel.

Friendly Visitor: Mrs. Robert B. Cursons.

Number in class: 15. Membership limited to 25.

Meets weekly at Trinity (P. E.) Church.

The class is recruited from the patients of the Tuberculosis Dispensary of the Charity Organization Society who distinguish themselves by observing the rules and who show a sincere desire to get well. Of those in the class during the first six months, three have been able to go back to work, and all but two have shown signs of improvement.

NEW YORK (Borough of Manhattan)**Christ Church Tuberculosis Class (November 28, 1906):**

Medical Director: Dr. Walter L. Niles, 939 Madison Avenue.

Number in class: 11.

Meets weekly at Christ Church House, 344 West 36th Street.

This class was the first in New York to organize after the methods demonstrated by Dr. Joseph H. Pratt in Boston. Since its organization, to June 1, 1908, eleven members had been "graduated," and most of the others had shown marked improvement.

St. George's Tuberculosis Class (October 24, 1907):

Medical Directors: Dr. N. Gilbert Seymour, 129 East 17th Street, and Dr. Tasker Howard, 380 Clinton Street, Brooklyn.

Number in class: 5.

Meets every Thursday at 3.30 P. M. at St. George's Memorial House, 207 East 16th Street.

This class works in the Bellevue Dispensary District. The visitors are volunteers. The relief work of the class is supervised by a tuberculosis committee, made up of representatives from the parish and volunteers at large. All cases that come under the observation of the committee are examined, and if unsuitable for admission to the class, they are usually placed elsewhere.

NEW YORK (Borough of Brooklyn)**Three Tuberculosis Classes conducted by the Committee on the Prevention of Tuberculosis of the Brooklyn Associated Charities (Organized May 1, 1908):****I. Bedford Class:**

Medical Director: Doctor Norton.

Number in class: 19.

Meets bi-weekly at No. 1660 Fulton Street.

II. Central Class:

Director: James Jenkins, Jr.

Number in Class: 12.

Meets bi-weekly at No. 69 Schermerhorn Street.

TUBERCULOSIS CLASSES

NEW YORK, PENNSYLVANIA

III. *Northern Class:*

Director: W. T. Reynolds.

Number in attendance: 15.

Meets bi-weekly at No. 255 Division Avenue.

There is a visiting nurse connected with each of these classes. It is expected to have a regular physician in charge of each class. Relief is given when necessary, and instruction is given at home and at the regular class meetings.

TROY

Troy Tuberculosis Class (May 15, 1907):

Medical Director: Dr. H. W. Carey, 87 Fourth Street.

Number in class: 10.

Meets weekly at home of Director.

There is one nurse connected with the class, which is supported by the Tuberculosis Relief Committee of Troy.

Of the nineteen patients treated in the class in its first year's work, one was cured; the disease was arrested in three; six improved; four were unimproved; and five died.

PENNSYLVANIA

PHILADELPHIA

Presbyterian Hospital, Tuberculosis Class (November 11, 1907):

Medical Director: Dr. Charles J. Hatfield, 2008 Walnut Street.

Number in class: 38. Of this number, 8 are in the advanced class; 18 in beginners' class; and 12 are kept under observation and are supposed to report at monthly intervals.

Meets weekly at the Dispensary of the Presbyterian Hospital. The class meets in two sections. In addition to the two weekly class meetings, an additional hour is set aside for examination and advice.

The patients are recruited from the dispensary. Of the results of the

TUBERCULOSIS CLASSES**PENNSYLVANIA**

work in the first seven months, the Director says: "There has been, almost without exception, marked improvement in the condition of patients in regular attendance on the class. The physicians and the nurse, who have been doing the work, are encouraged at the progress made."

St. Stephen's Tuberculosis Class (February 13, 1908):

Medical Director: Dr. Frank A. Craig, 732 Pine Street.

Number in class: 10.

Meets every Monday afternoon at the Church Annex.

There is a nurse connected with the class who visits the patients in their homes.

Tuberculosis Class of the Church of the Crucifixion (February 20, 1908):

Medical Directors: Dr. W. W. Cadbury, 423 South 15th Street;
Dr. H. H. Jenks, 920 Clinton Street.

Number in class: 20.

Meets bi-weekly at the Church of the Crucifixion.

The nursing and visiting in connection with the class is done by the Visiting Nurse Society.

Tuberculosis Class of the Germantown Hospital (May 16, 1908):

Medical Director: Dr. J. Clinton Foltz, Chestnut Hill.

Number in class: 22.

Meets weekly at the tuberculosis clinic of the Germantown Hospital.

The class is composed, for the most part, of those in regular attendance at the Tuberculosis Dispensary.

**ASSOCIATIONS AND COMMITTEES FOR THE
STUDY AND PREVENTION OF
TUBERCULOSIS
IN THE
UNITED STATES AND CANADA**

ASSOCIATIONS AND COMMITTEES FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

IN THE
UNITED STATES AND CANADA

INTRODUCTORY NOTE

The aim of this section has been to give not only a list of all associations and committees for the study and prevention of tuberculosis, but also to include information, where it could be secured, on what the various societies were doing. The definite object in view has been to suggest to associations new lines of work that have proved successful in some places. On this account a brief survey of the principal features of the work of most of the associations is given.

The associations are grouped alphabetically under their respective States, the only exception being in the case of the State associations, which are uniformly given first. The figures in parentheses after the name of the association indicate the date of founding the organization.

As an appendix to this section on associations a few typical forms of organization have been given.

NATIONAL ASSOCIATION

The National Association for the Study and Prevention of Tuberculosis (March, 1904):

Business Headquarters: 105 East 22d Street, New York City.

President: Dr. Vincent Y. Bowditch.

Honorary Vice-Presidents: Theodore Roosevelt and Dr. William Osler.

ASSOCIATIONS

NATIONAL ASSOCIATION

Vice-Presidents: Homer Folks and Dr. Charles L. Minor.

Treasurer: Gen. George M. Sternberg.

Secretary: Dr. Henry Barton Jacobs.

Executive Secretary: Dr. Livingston Farrand, 105 East 22d Street, New York City.

Directors: Dr. Howard S. Anders, Philadelphia; Dr. Edward R. Baldwin, Saranac Lake; William H. Baldwin, Washington; Ernest P. Bicknell, Chicago; Dr. Hermann M. Biggs, New York; Dr. Frank Billings, Chicago; W. K. Bixby, St. Louis; Dr. John J. Black, New Castle, Del.; Dr. Sherman G. Bonney, Denver; C. B. Boothe, Los Angeles; Dr. Vincent Y. Bowditch, Boston; Dr. Henry M. Bracken, St. Paul; Dr. Norman Bridge, Los Angeles; Lt. Col. George E. Bushnell, Ft. Bayard, N. M.; Dr. William S. Carter, Galveston; Otis H. Childs, Pittsburg; Dr. T. D. Coleman, Augusta, Ga.; Dr. R. W. Corwin, Pueblo, Colo.; Albert B. Cummins, Des Moines; Edward T. Devine, New York; Dr. Lawrence F. Flick, Philadelphia; Dr. W. H. Flint, Santa Barbara, Cal.; Homer Folks, New York; Dr. John P. C. Foster, New Haven; David R. Francis, St. Louis; Dr. John S. Fulton, Baltimore; Robert Garrett, Baltimore; Samuel Gompers, Washington; Rowland G. Hazard, Peace Dale, R. I.; James J. Hill, St. Paul; Frederick L. Hoffman, Newark, N. J.; Dr. John N. Hurty, Indianapolis; Dr. Henry Barton Jacobs, Baltimore; Dr. Edward G. Janeway, New York; Dr. Arnold C. Klebs, Chicago; Dr. S. A. Knopf, New York; Dr. George M. Kober, Washington; Charles M. Lea, Philadelphia; Dr. John H. Lowman, Cleveland; Dr. C. F. McGahan, Aiken, S. C.; Dr. Rudolf Matas, New Orleans; Dr. Alfred Meyer, New York; Dr. Charles L. Minor, Asheville, N. C.; W. C. Nones, Louisville; Dr. Edward O. Otis, Boston; Dr. Leonard Pearson, Philadelphia; Henry Phipps, New York; Dr. Charles O. Probst, Columbus, O.; Redfield Proctor, Jr., Proctor, Vt.; Dr. Mazyck P. Ravenel, Madison, Wis.; W. T. Sedgwick, Boston; Dr. Henry Sewall, Denver; A. A. Sprague, 2d, Chicago; Gen. George M. Sternberg, Washington; Dr. Edward L. Trudeau, Saranac Lake; Dr. Victor C. Vaughan, Ann Arbor; Dr. Joseph Walsh, Philadelphia; John Seely Ward, Jr., New York; Dr. William H. Welch, Baltimore; Gen. Walter Wyman, Washington.

The National Association for the Study and Prevention of Tuberculosis is the outcome of the desire of prominent physicians and laymen

throughout the country to unite in a general and systematic campaign, both popular and scientific in character, against this disease.

Following a number of conferences during the winter of 1904, the Association was established at a meeting in Philadelphia in March, and the organization completed in June of that year at the time of the meeting of the American Medical Association at Atlantic City. Dr. E. L. Trudeau was elected President of the new Association, which office has been successively held by Dr. Hermann M. Biggs, Dr. Frank Billings, and Dr. Vincent Y. Bowditch.

Through the aid afforded by generous contributions made to the funds of the Association, an executive office was opened in the winter of 1904-05, and since that time work has been actively carried on.

It was recognized from the outset that the objects of the new organization could only be attained through the coöperation of the laity with the medical profession, and this coöperation is emphasized both in the membership and the work of the Association.

The Association is the American Representative of the International Anti-Tuberculosis Association, the headquarters of which is in Berlin, and is similar in its organization and purposes to the national societies which have been formed in Great Britain, Germany, France, and other European countries.

Annual meetings of the Association are held in May, and for these meetings five sections have been established. The Sociological Section is devoted more particularly to the educational side of the movement, while the medical aspects are treated in the Pathological, Clinical, Climatological, and Surgical Sections, and the Section on Tuberculosis in Children. The published reports of these meetings constitute each year a large volume of Transactions, and together with special reports and publications which appear from time to time, are furnished to members and are used in carrying on the educational work, which the Association regards as its chief object.

The "Journal of the Outdoor Life," a monthly devoted to the campaign against tuberculosis, is sent free to all members, and regular announcements regarding the work of the Association appear in its pages.

It is the aim of the National Association to form State and local

associations in all parts of the United States, which shall be affiliated with the national body and work in harmony with it. It is desired to associate with itself every existing agency of standing in each community in bringing about this organization, and every sound movement of education and prevention with regard to tuberculosis is being encouraged.

The Association has two exhibitions, which show in a graphic and simple way, by charts, photographs, models, and apparatus of all sorts, the great prevalence of tuberculosis, the causes and conditions which bring it about, and the approved methods of prevention and treatment. They have been shown in twenty-nine cities of the United States, and arrangements have been made for an extension of the itinerary which will cover all sections of the country. The attendance has been over 550,000.

The Association is also working in harmony with other national bodies in spreading the knowledge of the disease and its prevention.

The International Congress on Tuberculosis, composed of representatives from all parts of the civilized world, met in Washington, September 21st to October 12th, by invitation and under the auspices of the National Association. A special committee on the Congress, with headquarters in Washington, was organized for its administration. The chairman of the Committee on the Congress was Dr. Lawrence F. Flick, of Philadelphia, and the Secretary-General was Dr. John S. Fulton, of Baltimore.

Statistical investigations with regard to tuberculosis in its various relations to races, trades, etc., are being undertaken, and will be pushed as rapidly as the resources of the Association will permit.

Information as to the cost and method of sanatorium establishment and control is also being collected, and will be available for those interested in the organization of such institutions under either public or private auspices.

The funds of the Association are derived from membership dues and voluntary contributions.

The annual dues are five dollars, the life membership fee being two hundred dollars.

Western Tuberculosis Conference :

This conference has only an informal existence. So far, it has been

ASSOCIATIONS

NATIONAL ASSOCIATION, ALABAMA

used simply to bring certain workers together who are rather remote from New York and Washington, but who are interested in tuberculosis work. The first conference was held in Chicago in 1906. A committee of five was appointed to look after the next conference, which was held in Minneapolis in 1907.

The next conference will be held in Milwaukee, probably in 1909. Dr. H. E. Dearholt is chairman of the Committee on Arrangements. Representatives from Ohio, Indiana, Illinois, Iowa, North and South Dakota, Wisconsin, Michigan, and Minnesota have been invited to the two conferences already held.

ALABAMA

STATE ASSOCIATION

Standing Committee on Tuberculosis of the Medical Association of the State of Alabama (1906):

Chairman: Dr. Glenn Andrews, Montgomery, Alabama.

Affiliated Organizations: A branch committee in each county in connection with the County Medical Association.

The State Committee consists of nine members, and through its leadership the State Medical Association is carrying on a vigorous campaign of education and prevention in the State. In 1907 this Committee assisted largely in the passage of a State registration act, whereby tuberculosis was declared an infectious disease, and also in securing an act providing for the establishment of a State sanatorium.

MONTGOMERY

The Anti-Tuberculosis League of Montgomery (May 26, 1908):

President: Dr. B. J. Baldwin.

SELMA

The Anti-Tuberculosis League of Dallas County (July 7, 1908):

President: H. F. Reese.

Vice-President: W. T. Atkins, Sr.

Secretary: Leo Leva.

A novel feature of the League is that it has no dues, the Central Committee, composed of the president, secretary, and medical director, being empowered to raise the necessary funds.

ARIZONA

TUCSON

Arizona Health League of Tucson (1906):

President: Mrs. Otto Crouse.

Objects: To ameliorate the conditions of health-seekers in every practical manner; to protect the public against infection from tuberculosis by education of the people and by bettering the legislation.

The League conducts a bureau of information and a relief department. During the year 1907 fifteen consumptives were sent to sanatoria; thirty-five were sent to their homes, some as far east as Hartford, Conn., and steady employment was secured for fourteen. A large amount of literature, fruit, and other necessities were distributed. Over eight hundred visits were made and \$1120.67 was spent. The League has proved of great help to the health-seekers who have become stranded in the southwest.

CALIFORNIA

STATE ASSOCIATION

California Association for the Study and Prevention of Tuberculosis (1907):

President: Charles B. Boothe, 602 Johnson Building.

Secretary: Dr. George H. Kress.

Objects: The study of tuberculosis, and the taking of such steps as will tend to minimize the spread of the disease by carrying on an educational propaganda, and by the establishment of helping stations for indigent consumptives.

ASSOCIATIONS

CALIFORNIA

This Association is a reorganization from the Southern California Anti-Tuberculosis League, which was organized in June, 1903.

Brief account of work done in 1907: The membership of the Association was largely increased and a considerable amount of literature was distributed. Meetings were held in various parts of the State, addressed by officers and other representatives of the Association. The helping station established in Los Angeles registered and cared for more than three hundred patients in various stages of the disease.

LOS ANGELES

Los Angeles Society for the Study and Prevention of Tuberculosis (1908):

President: Dr. George L. Cole.

Secretary: Dr. George H. Kress.

REDLANDS

Redlands Society for the Study and Prevention of Tuberculosis (1908):

President: Dr. Hoell Tyler.

Secretary: Dr. Gayle G. Mosely.

SAN DIEGO

San Diego Society for the Study and Prevention of Tuberculosis (1908):

President: Dr. Fred Baker.

Secretary: H. A. Thompson.

SAN FRANCISCO

San Francisco Society for the Prevention of Tuberculosis (June 25, 1908):

Business Headquarters: Rooms 303 to 304 Hastings Building.

President: Thomas E. Hayden.

Secretary: Dr. William C. Voorsanger.

COLORADO

STATE ASSOCIATION

Colorado State Organization of the International Congress on Tuberculosis (Incorporated April 29, 1908):

Chairman: Dr. G. Walter Holden, Montclair.

Objects: Educational campaign for the prevention of tuberculosis.

Although organized as a State committee of the International Congress on Tuberculosis, the Colorado organization is a permanent body, duly incorporated by law. After the meeting of the International Congress, the name will be changed to the "Colorado State Association for the Prevention and Control of Tuberculosis." The Association has aroused an unusual public interest in the matter of securing proper exhibits and of educating the public.

CUBA

STATE ASSOCIATION

Liga contra La Tuberculosis in the Island of Cuba (October 14, 1901):

Business Address: 2 Monserrate Street, Havana.

President: Dr. Joaquin L. Jacobsen.

Objects: "The prevention of tuberculosis; and to teach the people the necessary prophylactic means to avoid contagion."

The League has given public conferences; distributed instructions; founded a monthly newspaper; established a dispensary where assistance and meals are given to tuberculous patients; contributed to the establishment of public services for tuberculous patients in the Health Department; and it has had, through its president, official representation in the Board of Health, to which he has presented information on tuberculosis questions. The League also holds monthly and yearly public meetings.

The League maintains a dispensary in Havana and assists in the operation of a sanatorium a short distance from the city.

The League is supported by voluntary contributions, except that the State pays for the monthly bulletin issued by the society.

CONNECTICUT**STATE COMMISSION**

By a joint resolution of the Legislature of 1907 the governor was given power to appoint a commission of nine, to investigate means of prevention, or of reducing the number of deaths from tuberculosis in Connecticut. This commission is making a study of housing and other conditions affecting tuberculosis throughout the State, and will report in 1909. The body meets monthly in the various large cities throughout the State. The members of the commission are: Dr. J. P. C. Foster, New Haven, chairman; Dr. Stephen J. Maher, New Haven; Dr. Owen La Rue, Putnam; Horace B. Cheney, Manchester; John Gunshannon, Hartford; Albert P. Dossin, Meriden; A. R. Kimball, Waterbury; William J. Brennan, New London; and Rev. James B. Nihill, Bridgeport.

BRIDGEPORT

The Fairfield County Anti-Tuberculosis Association (Incorporated May, 1908):

The Association was incorporated in May, 1908, but up to August, 1908, no more definite organization had been effected and no officers had been elected. The work of organization and propaganda is in the hands of a committee of the Fairfield County Medical Association, of which Dr. Charles N. Haskell, of Bridgeport, is chairman.

HARTFORD

Executive Committee of the Hartford Tuberculosis Free Bed Fund (April 14, 1908):

Chairman: George L. Vannais, 1524 Broad Street.

Secretary: Charles B. Whittelsey, 188 Laurel Street.

Affiliated Organizations: 41 units, representing 16,000 working men and women.

Objects: To advise with and guide the work of the several units organized to combat tuberculosis, and to superintend the spending of the fund.

ASSOCIATIONS

CONNECTICUT

This unique organization is largely the conception of a group of Hartford working people and business men. In 1904 plans were formulated to raise a sum of money to support needy workmen in the Wildwood Sanatorium. About \$11,000 was in this way voluntarily collected among the different employers and employees about the city. The plan of distributing this fund through a general committee to any needy sufferers was tried for three years, but the scheme proved inadvisable, since many of the larger industries, contributing the larger part of the fund, fortunately had little or no occasion to use the fund, while isolated cases not connected with any particular industry often drew most heavily on the fund.

At the close of 1907 it was proposed to reorganize the entire plan of the work into separate and distinct units; a unit to be composed of the employees of one large institution or a group of three or four smaller industries, each to create, manage, and control its own fund. This plan was acted on in a convention held about the 28th of December, 1907, and an organizing committee was appointed. Forty-one of these units organized, and the chairman of each met in convention on the 14th of April, 1908, and elected an executive committee, whose duty it is to advise the officers of the several units; to make special contracts with sanatoria for the care of the afflicted; to aid the units in raising their funds; to arouse favorable public opinion; to control an emergency fund, contributed by the banks and insurance companys, that shall be available to supplement the work of weak units; and to visit sanatoria where patients are being treated.

There is no assessment laid on any unit. All funds are voluntarily contributed, and in almost every case the employer doubles the amounts contributed by the employees.

Similar associations are being formed in other Connecticut manufacturing centers.

MERIDEN

The Meriden Anti-Tuberculosis Association (November 15, 1907):

Business Address: 37 North 4th Street.

President: Mayor Thomas L. Reilly.

ASSOCIATIONS

CONNECTICUT

Secretary: Albert P. Dossin.

Objects: To render aid and assistance to needy consumptives, either at home or in a sanatorium; and to seek in every way to prevent the disease.

The Association supports from ten to twenty cases, both chronic and incipient, at home and in the Undercliff Sanatorium, which it operates, or at the Gaylord Farm Sanatorium. Some educational work is also done.

NEW BRITAIN

Tuberculosis Relief Society of New Britain (May, 1908):

A temporary organization was effected in May, 1908. The object of this organization is to raise a fund for the relief of consumptives. When a considerable sum of money has been collected, it is proposed to have all the contributors meet and perfect a permanent organization, probably on the lines of the one in Hartford.

Mayor George M. Landers is president of the temporary organization, and F. S. Chamberlain, the city treasurer, is treasurer of the fund.

NEW HAVEN

New Haven County Anti-Tuberculosis Association (October 17, 1902):

Business Address: Wallingford.

Chairman of Executive Committee: Dr. J. P. C. Foster, 109 College Street, New Haven.

Recording Secretary: Prof. Irving Fisher, 460 Prospect Street, New Haven.

Objects: "To establish and maintain a Sanatorium in New Haven County for the care and treatment of curable cases of pulmonary tuberculosis; to encourage and aid all efforts put forth for suppression and prevention of this disease, and to do all things lawful to accomplish the cure and prevent the spread of the disease."

The New Haven County Anti-Tuberculosis Association is the first

organization of its kind in Connecticut. The Association owns and operates the Gaylord Farm Sanatorium at Wallingford, which is its official headquarters. A tuberculosis clinic in connection with the New Haven Dispensary is also conducted by the Association. The Sanatorium has treated over 375 patients since its opening in 1904. The average cost for maintenance is \$11.13 per week. Patients pay but \$7 of this weekly cost, the balance being borne by the Association.

Steps have been taken to interest the working-men in the work. Besides the support received from voluntary contributions, the State pays annually the sum of \$7500 to the Association.

SOUTH MANCHESTER

Tuberculosis Free Bed Fund Association of Cheney Brothers

(March 6, 1908):

Chairman: Howard L. Taylor.

Secretary: Miss Ethel Brainard.

Objects: To prevent as far as possible by relief and education the spread of tuberculosis and to aid fellow-employees afflicted with the disease.

This organization is composed of employees in a group of silk mills operated by Cheney Brothers. The funds are raised in part by voluntary contributions from the employees. Cheney Brothers always give an amount equal to that contributed by their employees.

Patients are treated in their homes and in near-by sanatoria, the expense being borne by the Association.

WATERBURY

Waterbury Anti-Tuberculosis League (January, 1908):

Secretary: Dr. Thomas J. Kilmartin, 48 State Street.

Objects: To relieve cases of tuberculosis among the poor and to stimulate public interest so as to prevent the spread of the disease.

The League has been active in raising funds and in stirring up public sentiment. A tuberculosis class has been started, a visiting nurse is supported, and a day camp will be opened in 1908.

DELAWARE**STATE ASSOCIATION**

The Delaware Anti-Tuberculosis Society (June 17, 1906):

President: Miss Emily P. Bissell, Wilmington.

Secretary: Mrs. Mary H. Asken Mather, Wilmington.

The Society conducts a sanatorium on the Brandywine River and a dispensary at its headquarters in Wilmington. In connection with this latter work, a Red Cross nurse is employed to visit the homes of patients. The average cost of treatment per patient per week at the sanatorium in 1907 was \$9.33.

The Delaware Anti-Tuberculosis Society coöperates with the Associated Charities of Wilmington and the Red Cross Society. These three societies are planning (1908) a thorough campaign of education.

DISTRICT OF COLUMBIA**WASHINGTON**

The Committee on Prevention of Consumption of the Associated Charities (1902):

Headquarters: 923 H Street, N. W.

Committee Secretary: Miss Eugenia M. Bray.

Objects: "(a) Instruction of the community by lectures, printed matter, etc., as to the cause of tuberculosis and as to methods by which the germs of this disease may be destroyed; (b) development of adequate means for the care and treatment of consumptives through the establishment of hospital accommodations and otherwise; and the formulation and promotion of the enactment of such legislation as may be needful."

During the year January, 1907, to January 1908, the Committee has supported a free dispensary for the examination and treatment of patients. During the year, the nurse who works in connection with this dispensary made 3500 visits. The Committee has persuaded two of the large hospitals of the city to open special clinics for the treatment of tuberculosis, and has secured affiliation with two other hospitals already

ASSOCIATIONS

DISTRICT OF COLUMBIA, GEORGIA

supporting such clinics. In coöperation with the Instructive Visiting Nurse Society, the Committee is supporting two special nurses to visit the patients of these clinics.

The Committee has helped to promote the passage of a bill for compulsory registration of tuberculous cases and the free examination of sputum and disinfection of houses. A tuberculosis class has been established, and is supported by one of the local churches. Lectures have been delivered before churches, labor unions, schools, etc., and a vigorous lecture campaign is at present being carried on. Coöperation with the newspapers has been secured and the work of the Committee has been brought before the public by frequent newspaper articles.

GEORGIA

STATE ASSOCIATION

Committee on Tuberculosis, Medical Association of Georgia
(1904):

Chairman: Dr. T. E. Oertel, 308 Leonard Building, Augusta.

Objects: To educate the public in the prevention of tuberculosis; to form local societies; and to promote home and sanatorium treatment.

During the year 1907 the Committee worked for the passage of a sanatorium act, which, however did not pass. Considerable educational work in the way of lectures was done.

ATLANTA

Atlanta Sanitary and Tubercular Prevention Society (1907):

President: Dr. R. R. Kime, 724 Candler Building.

Objects: "To improve the sanitary conditions of the city; to establish means for the prevention and treatment of tuberculosis; and to educate the public by lectures and other ways."

Although in its infancy, this Society has already done much to arouse public sentiment in the anti-tuberculosis campaign.

AUGUSTA

The Anti-Tuberculosis Society of Richmond County (January 28, 1908):

Business Headquarters: 215 Montgomery Building, Augusta.

President: Dr. W. C. Lyle.

Secretary: Mrs. E. S. Hollingsworth.

Objects: "The study of tuberculosis, its prevention and cure, and the dissemination of information concerning the same."

ILLINOIS**STATE ASSOCIATION**

Illinois State Association for the Prevention of Tuberculosis (1905):

Secretary: Ernest P. Bicknell, 158 Adams Street.

This Association has done no active work for more than a year. The organization has, however, been kept intact.

CHICAGO

The Chicago Tuberculosis Institute (May 1, 1906):

Business Headquarters: 51 La Salle Street.

President: Dr. Henry B. Favill.

Superintendent: Alexander M. Wilson.

Objects: "The prevention and treatment of consumption and other forms of tuberculosis by the following methods: (1) The collection and dissemination of exact knowledge in regard to the causes, prevention, and cure of the disease. (2) The promotion of legislative and other measures for the improvement of living conditions. (3) The treatment of the consumptive poor in one or more dispensaries, or in such other institutions as may be established for that express purpose, or by such other means as may be considered feasible and desirable."

The Institute conducts the Edward Sanatorium at Naperville, endeavoring by this institution to show what can be done in the treatment

of tuberculosis in local institutions. Seven special tuberculosis dispensaries are operated under the direction of the Institute. Eight nurses are on the staff and devote their entire time to the Institute. Besides this work, a considerable amount of educational endeavor is constantly carried on through the press, by lectures, and by circulars. The Institute has been influential in securing considerable beneficial municipal and State legislation.

Committee of Negro Citizens of Chicago on the Prevention of Tuberculosis (January, 1908):

Business Headquarters: 51 La Salle Street.

President: Dr. A. W. Springs.

Secretary: Dr. A. Wilberforce Williams.

Treasurer: Dr. George C. Hall.

Objects: The prevention of tuberculosis among the negroes of Chicago.

This Committee is, in fact, a subcommittee of the Chicago Tuberculosis Institute, and was organized by this latter body. It is one of a very few organizations of its kind, and bids fair to do a large work among the colored people.

JACKSONVILLE

Jacksonville Society for the Prevention of Tuberculosis (1905):

President: A. T. Capps.

Secretary: Dr. T. O. Hardesty.

Objects: "Controlling the ravages of consumption."

The Society has made an exhaustive study of the tuberculosis statistics in Morgan County and has stirred up a considerable lay interest by means of this work. It distributes several striking pamphlets, and also sends the "Journal of Outdoor Life" to its members.

PEORIA

Peoria Association for the Prevention of Tuberculosis (January 3, 1905):

President: Dr. Sumner M. Miller.

ASSOCIATIONS

ILLINOIS, INDIANA

The Association has done much to enforce the local registration and anti-spitting laws. It has visited several individual cases of tuberculosis, supervising their treatment at home. Through the efforts of the Association \$50 per month was obtained from the city to support a visiting nurse for tuberculosis cases. Some educational work has been done by means of circulars and lectures.

ROCK ISLAND

Tri-City Anti-Tuberculosis Association (December, 1907):

President: Dr. E. M. Sala, 1829 Fourth Avenue, Rock Island.

The Tri-City Anti-Tuberculosis Association includes Rock Island and Moline, Illinois, and Davenport, Iowa. Up to July 1, 1908, nothing but the organization had been accomplished.

INDIANA

STATE ASSOCIATION

Indiana Association for the Prevention of Tuberculosis (November 4, 1907):

President: John W. Kern.

Secretary: Dr. Edgar F. Kiser, 107 East 22d Street, Indianapolis.

Objects: To prevent the spread of tuberculosis by educational propaganda, and the care and treatment of cases in sanatoria, homes, and dispensaries.

The Association works with the city at its tuberculosis clinic in the city dispensary.

EVANSVILLE

Evansville Association for the Prevention of Tuberculosis (1907):

Business Address: 818 First Avenue.

President: Dr. James Y. Welborn.

Secretary: Rev. H. S. Morrison.

ASSOCIATIONS

INDIANA

Objects: To educate the public in matters pertaining to tuberculosis; to establish a tent colony or hospital; and to establish a tuberculosis clinic.

The Association has arranged for a special tuberculosis clinic, which will be opened late in 1908. Beyond this, little has been done.

LAFAYETTE

Lafayette Society for the Prevention of Tuberculosis (May, 1908):

President: Prof. Severance Burrage.

Corresponding Secretary: Charles W. Ebel.

The Society started its career with a campaign of education in the city and surrounding country.

RICHMOND

The Wayne County Anti-Tuberculosis Society (1907):

President: B. F. Wissler, Richmond.

Objects: To educate the public in the means of preventing tuberculosis and of treating those who have it; and to procure proper municipal regulation of the disease.

The work of the Society has been mainly educational, through lectures, the distribution of literature, etc. The Society has carried on a strong agitation for a pure milk ordinance. Arrangements have been made by the Society to give lectures at the local summer Chautauqua.

SOUTH BEND

South Bend Anti-Tuberculosis League (June 26, 1908):

President: Mrs. Harry D. Johnson.

Secretary: Miss Jean Pond.

IOWA

STATE ASSOCIATION

Iowa Association for the Study and Prevention of Tuberculosis
(1905):

President: William Larrabee, Clermont.

Secretary: Dr. E. Luther Stevens, 605 Citizens Bank Building,
Des Moines.

DUBUQUE

Dubuque Society for the Prevention of Tuberculosis (May, 1908):

President: Dr. John S. Lewis.

A camp for tuberculosis patients will be established by this Society.

KENTUCKY

STATE ASSOCIATION

Kentucky Anti-Tuberculosis Association (June, 1905):

Business Address: 119 W. Chestnut Street, Louisville.

President: W. C. Nones.

Secretary: F. A. Sampson.

Objects: "To organize and carry on a campaign of education in Kentucky with reference to tuberculous diseases, for the purpose of informing the people of the State as to the nature of tuberculosis, its dangers, its highly contagious character, and its curability. The Association also intends to erect and maintain hospitals for the accommodation of patients afflicted with tuberculosis and to provide treatment for them under modern sanitary conditions; and, further, to provide treatment at home for such patients as cannot be accommodated in hospitals."

Brief account of work done in 1907: Opened dispensary at 119 W. Chestnut St., Louisville, Ky., in June, 1907. Had two hundred dispensary patients up to March 31, 1908, and furnished about fifty of them with milk and eggs and aided others of them in other ways. Opened

ASSOCIATIONS

KENTUCKY, LOUISIANA

Association Sanatorium for treatment of tuberculous patients in incipient and moderately advanced stages of the disease in October, 1907, at a cost of \$28,000. The Association has also been active in securing the passage of an act granting State aid to eleemosynary corporations conducting sanatoria for the treatment of tuberculosis, by which act its own institution will receive an annual grant of \$5600, and more as the sanatorium grows. In addition to this specific work, the Association has conducted a vigorous campaign of education in various ways, by lectures, exhibitions, and literature.

While the name of this Association indicates that its work is State-wide in its scope, its activities have been confined to the city of Louisville and county of Jefferson.

It is probable that its corporate name and articles of incorporation will soon be changed to indicate more clearly the local scope of its work.

LEXINGTON

Lexington Association for the Prevention of Tuberculosis
(November 27, 1905):

President: Dr. George P. Sprague.

Secretary: Mrs. W. S. Kinkead.

Objects: "To prevent and combat consumption and other forms of tuberculosis in Kentucky" by any means possible.

The Association was particularly active in securing the passage of the State Sanatorium bill in 1908, which was vetoed by the governor. Through the efforts of the Association a compulsory registration, notification, and fumigation ordinance was passed in Lexington. By means of exhibitions, lectures, and pamphlets, with the coöperation of the press, a large amount of educational work has been done.

LOUISIANA

STATE ASSOCIATION

The Louisiana Anti-Tuberculosis League (December 4, 1906):

Business Headquarters: 212 Machecha Building, New Orleans.

President: Dr. E. L. McGehee.

ASSOCIATIONS

LOUISIANA

Secretary: Miss Harriet C. Barton.

Objects: "The objects and purposes of this association are, by uniting into a working league the greatest possible number of people animated by a common purpose, to combat by every available means the spread of tuberculosis, to mitigate the ravages of the disease, and to aid in providing, as far as practicable, for the proper care of indigent sufferers."

During its brief career the League has done much toward attaining its end. A sanatorium has been built and is being successfully operated. By means of lectures, public meetings, and circulars, a large amount of educational work has been done. In June, 1908, it was decided to open a tuberculosis clinic. Several branch organizations were formed in May and June, 1908. The State Association serves also as the New Orleans branch or Central Council of the League. The League is the pioneer organization of its kind in the State.

ALEXANDRIA

Rapides Branch of the Louisiana Anti-Tuberculosis League
(June, 1908):

President: Dr. J. L. Wilson.

Treasurer: Dr. G. M. G. Stafford.

Secretary: Prof. C. C. Henson.

BUNKIE

Bunkie Anti-Tuberculosis League (June 9, 1908):

President: Dr. E. S. Matthews.

Secretary: Mrs. L. D. Campbell.

SHREVEPORT

Shreveport Branch of the Louisiana Anti-Tuberculosis League
(June, 1908):

President: Dr. Randall Hunt.

Secretary: Mrs. Wilmer Peyton, 615 Jordan Street.

ASSOCIATIONS

LOUISIANA, MAINE, MARYLAND

WINNFIELD

Winnfield Anti-Tuberculosis League (June 12, 1908):

President: Dr. J. J. Peters.

Secretary: Miss Georgia Prothero.

MAINE

STATE ASSOCIATION

**The Maine Society for the Study and Prevention of Tuberculosis
(1908):**

President: Dr. Stephen H. Weeks.

Executive Secretary: Nathan Clifford, Portland.

Maine State Sanatorium Association (1901):

Business Headquarters: Hebron.

President: Gen. Selden Connor.

Medical Director: Dr. Estes Nichols.

Secretary: Dr. A. G. Young.

Object: The study, treatment, and prevention of tuberculosis.

The chief work which this Association has accomplished has been the establishment of the Maine Sanatorium at Hebron. Besides this, the Association has spread abroad considerable information concerning tuberculosis, its treatment and prevention, by means of lectures and circulars.

This Association was the nucleus and organizer of the Maine State Association.

MARYLAND

STATE ASSOCIATION

Maryland Association for the Prevention and Relief of Tuberculosis (December 13, 1904):

Business Headquarters: 101 W. Saratoga Street, Baltimore.

President: Dr. Henry Barton Jacobs.

ASSOCIATIONS

MARYLAND

Executive Secretary: H. Wirt Steele.

Objects: "(a) To spread information concerning tuberculosis and the simple means which should be adopted for its control. (b) To coöperate with existing charitable agencies in extending the work of nursing and instruction. (c) To encourage the adoption by State and municipality of the most enlightened measures for the treatment of cases of tuberculosis among those who are unable to provide properly for themselves."

Work done in 1907: During the year 1907 the Association busied itself along the following lines:

- (a) Established branches in Washington and Frederick Counties.
- (b) Supported three special tuberculosis nurses.
- (c) Maintained a traveling exhibit which has been seen by over 100,000 people.
- (d) Assisted in holding a milk exhibit and in promoting a clean milk campaign.
- (e) Assisted in handling investigation and in securing passage of new building code.
- (f) Established and maintained special tuberculosis dispensary in southeast Baltimore.
- (g) Conducted legislative campaign.
- (h) Carried forward aggressive educational campaign using printed matter, lectures, stereopticon slides, newspaper stories, etc.

ANNAPOLIS

The Anne Arundel County Branch of the Maryland Association for the Prevention and Relief of Tuberculosis (1906):

President: J. De Peyster Douw.

Secretary: Dr. Louis B. Henkel, Jr., Annapolis.

Objects: To disseminate information concerning the causes, prevention, and treatment of tuberculosis.

CAMBRIDGE**Dorchester County Branch of the Maryland Society for the Prevention and Relief of Tuberculosis (1906):**

President: S. M. Johnson.

Secretary: Dr. Guy Steele, Cambridge.

FREDERICK**Frederick County Branch of the Maryland Association for the Prevention and Relief of Tuberculosis (December 7, 1907):**

President: Rev. Osborn Ingle, D.D., Frederick.

Secretary: Miss Grace D. Ely, Frederick.

Objects: To promote careful study of conditions of tuberculosis in Frederick County; to educate public opinion as to causes and prevention; to arouse general interest in securing adequate provision for the proper care of tuberculosis patients in their homes and by means of hospitals and sanatoria.

In the first four months of its existence the society held six meetings and gave several public lectures, besides having the State exhibit and increasing its membership to nearly one hundred. The society expects to have a special nurse.

HAGERSTOWN**Washington County Branch of the Maryland Association for the Prevention and Relief of Tuberculosis (1907):**

President: William Kealhofer.

Secretary: Alexander Armstrong, Jr.

MASSACHUSETTS**STATE COMMISSION**

In accordance with Chapter 474 of the Acts of 1907, entitled "An Act to provide for establishing three sanatoriums for tubercular patients," the governor appointed Dr. Arthur T. Cabot, Charles H. Adams, Alvah

ASSOCIATIONS

MASSACHUSETTS

Crocker, Dr. Albert C. Getchell, W. C. Godfrey, Mrs. Sylvia B. Knowlton, Dr. William D. McFee, Charles H. Porter, and Jeremiah Smith, Jr., as a commission to build three sanatoria for consumptives, one in the Connecticut valley, one in the northeastern part of the State, and one in the southeastern part of the State. In addition to this, the Commission was given the power to disseminate information throughout the State in regard to tuberculosis, and to establish dispensaries and out-patient departments as was thought best. After a careful study of the situation, the Commission decided to build all of the three hospitals for advanced cases. The Commission has secured a site for one sanatorium in the northeastern part of the State at North Reading. Sites for the others will be located later. The Commission has also done a considerable amount of educational work through press articles and in other ways.

Dr. Arthur T. Cabot is president of the Commission and Dr. John B. Hawes, 2d, Boston, is secretary.

Associated Committees for the Prevention and Control of Tuberculosis of the Massachusetts Medical Society (June, 1906):

Chairman: Dr. Arthur T. Cabot, 1 Marlborough Street, Boston.

Secretary: Dr. Thomas F. Harrington, 310 Commonwealth Avenue, Boston.

Objects: To promote especially in the medical profession of the State an aroused interest in the campaign against tuberculosis, and by district committees to assist all local endeavors along this line.

The Associated Committees are composed of eighteen distinct committees, covering the entire State. While the committee does not of itself do very much district work, it aids and encourages many of the societies throughout the State.

ANDOVER

Andover Tuberculosis Committee (October, 1907):

Secretary: Markham W. Stackpole, 16 Abbot Street.

Chairman: A. E. Stearns.

Objects: "The education of the public in matters pertaining to tuberculosis, and the treatment of needy cases."

The Committee employs a paid visitor who directs the work of the volunteer visitors. By this visiting and through lectures in the schools and elsewhere considerable relief and educational work has been done. Three hundred "no-spitting" signs were posted in 1908.

BOSTON

Boston Association for the Relief and Control of Tuberculosis

(April 21, 1903):

Business Headquarters: 4 Joy Street.

Secretary: Mr. Walter E. Kruesi.

Objects: "To promote a careful study of conditions regarding tuberculosis in Boston; to educate public opinion as to the causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculous patients in their homes and by means of hospitals and sanatoria."

The following is a summary of what the Boston Association for the Relief and Control of Tuberculosis has accomplished during the five years of its existence:

1. Has been instrumental in reducing the death-rate from consumption in Boston from 21.70 to 18.46 per ten thousand and the number of deaths from 1247 to 1123 yearly.
2. Has been chiefly instrumental in inducing the city of Boston to organize a municipal hospital for Boston consumptives.
3. It has operated for three seasons, under a special fund, the first American Day Camp Sanatorium for Consumptives. The Boston Consumptives' Hospital, above referred to, has now replaced this Camp by a permanent one and will carry it on.
4. It has organized a central registration system for keeping statistics regarding consumptives of Boston and for disposing of the various cases, so far as the means at hand will permit, by securing their admission into sanatoria or hospitals, or else providing for home care and relief.

ASSOCIATIONS

MASSACHUSETTS

5. Has instituted a special investigation and physical examination of children in the families of those who already have tuberculosis.

6. Has organized classes for children suffering from tuberculosis to teach them home and personal hygiene and to keep them occupied out of doors at games and other exercises.

7. Has maintained a traveling educational exhibit, illustrating methods of prevention and cure of this disease and the importance to the general health of cleanliness.

8. Has maintained courses of popular lectures by physicians and others. Several hundred lectures have been given, attended by nearly one hundred thousand persons.

9. It supports a corps of nurses and visitors to examine and report on the home condition of cases of consumption and to give advice and instruction to patients and their families.

10. It is now organizing an extension of its system for following up patients after they are discharged from Rutland Sanatorium, in order to make more effective the effort to prevent their relapse into the old habits of life, which inevitably brings a return of the disease.

11. Has assisted in the formation of similar societies in nineteen other cities in New England.

12. Has distributed several hundred thousand circulars called "War on Consumption" and "Friendly Advice to Consumptives."

13. Has been instrumental in the passage of the following laws: pronouncing tuberculosis to be among the diseases "dangerous to public health" and therefore subject to compulsory notification and registration; prohibiting expectoration in public places; providing for medical inspection of factories; requiring public instruction in public schools on tuberculosis; the law providing for three new State sanatoria with one hundred and fifty beds each for advanced cases of tuberculosis; and the law permitting towns and cities jointly or separately to build and maintain hospitals for the isolation of advanced cases.

BROCKTON

Brockton Anti-Tuberculosis Society (January 2, 1907):

President: Mrs. B. B. Russell, 24 Winthrop Street.

Medical Director: Dr. Fred J. Ripley.

Objects: "To assist in the care and support of people afflicted with consumption, who cannot go to sanatoria or hospitals and must be cared for at home."

The Society is supported largely by ex-Governor W. L. Douglas, of Brockton. The work has been confined mainly to giving of relief in treatment or supplies. An examining clinic is supported by the Society and a tuberculosis class is conducted by the medical director. The total expenses of the Society in 1907 were \$700.

BROOKLINE

Brookline Anti-Tuberculosis Society (May 22, 1907):

Chairman of Executive Committee: Dr. H. L. Chase.

Secretary: Miss Hilda W. Williams, 35 Walnut Place.

Objects: "To promote a more general understanding of the nature, causes, and prevention of tuberculosis. To make a careful study of conditions of living in Brookline which predispose to tuberculosis. To help to secure proper care of tuberculous patients in their homes, or in hospitals and sanatoriums. To do such other work as, in the future, may seem fitting for this Society to undertake."

The Society supports a nurse to do district visiting and to act as a sanitary inspector. Several patients are supported in local institutions or elsewhere. A Junior Auxiliary of nine hundred boys and girls has been formed, the members being provided with badges bearing the association seal. This auxiliary holds meetings of an instructive and interesting character. On July 2, 1908, the Society, in coöperation with the Brookline Friendly Society and the Board of Health, opened a day camp and school for children predisposed to tuberculosis.

CAMBRIDGE

The Cambridge Anti-Tuberculosis Association (October 30, 1903):

Business Headquarters: 689 Massachusetts Avenue.

ASSOCIATIONS

MASSACHUSETTS

General Secretary: Miss Mabel L. Greeley.

Objects: "To promote a careful study of conditions concerning tuberculosis in Cambridge; to inform the community as to causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the care of tuberculous patients in their homes and in hospitals and sanatoria."

The Association gave last year several lectures before labor unions, clubs, and factory employees, and also distributed educational leaflets in the schools. A free dispensary, a tuberculosis class, and a visiting nurse are all supported by the Association. During the year 1907 over four hundred cases of tuberculosis were supervised. Through the efforts of the Association, the city authorities opened a day camp in 1908, and will later on build a hospital.

CHELSEA

Chelsea Anti-Tuberculosis Association (June, 1907):

President: Thomas B. Frost.

Secretary: Dr. Louis M. Freedman, 193 Chestnut Street.

Objects: "To promote a careful study of conditions regarding tuberculosis in Chelsea; to educate public opinion as to the causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculous patients in their homes and in hospitals and sanatoria."

The Association conducts a tuberculosis clinic. By means of a large exhibit and lectures a considerable degree of interest was aroused, but the serious fire of April 12, 1908, delayed more definite work. The city has been persuaded also to employ a nurse for instructive, sanitary, and anti-tuberculosis work.

CLINTON

Clinton Anti-Tuberculosis Association (June 26, 1908):

President: Dr. W. P. Bowers.

Secretary: Miss Ellen K. Stevens.

The Association proposes to establish a day camp.

EVERETT

The Everett Association for the Relief and Control of Tuberculosis (April, 1908):

President: Dr. A. A. Jackson.

Chairman of Board of Managers: Dr. W. L. Howe.

The Association maintains central registration of all tuberculosis cases in the city. Plans have been prepared for the opening of a clinic, the support of a visiting nurse, and an instructive sanitary inspector.

FITCHBURG

Fitchburg Society for the Cure and Control of Tuberculosis (April 25, 1907):

Business Headquarters: 145 Main Street, Room 50.

President: Alvah Crocker.

Secretary: Miss Susan M. Turner.

Instructive Nurse: Miss Annie B. Rose.

Objects: Especially the treatment of needy cases in clinics, homes, or sanatoria, and the stirring up of public interest against tuberculosis.

In the first year of its existence the Society treated fifty-seven cases, giving them instruction and relief as well as medical care. Over one thousand visits were made by the visiting nurse. Plans have been made for the opening of a special tuberculosis clinic, and later on it is hoped to have a day camp. The Society furnishes milk and eggs, awning chairs, cots, and other necessities to patients not accepted for treatment at Rutland.

HAVERHILL

Haverhill Association for the Relief and Control of Tuberculosis (May 7, 1907):

President: Dr. Israel J. Clark, 112 Emerson Street.

Objects: "To promote a careful study of conditions concerning tuberculosis in Haverhill; to inform the community as to the

ASSOCIATIONS

MASSACHUSETTS

causes and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the care of tuberculosis patients in their homes or sanatoria."

In the first year of its existence this Association enrolled on its list seven hundred and fifty members. A dispensary and a tuberculosis class, with a visiting nurse, are supported by the Association. In connection with an exhibit held during the year literature was placed in every home in Haverhill and in the county for miles around. As a result of this work balconies for tuberculous members of the family have been built on many of the houses in the city and vicinity and much interest has been manifested in the work. Every workshop and public place also has been placarded with "Don't Spit" cards.

HOLYOKE

Holyoke Association for the Relief and Prevention of Tuberculosis (February 22, 1907):

President: Dr. C. A. Allen.

Secretary: Mrs. R. S. Vinney.

Objects: To secure registration of tuberculosis cases; to educate the public in matters pertaining to tuberculosis; to organize classes for instruction in proper hygienic living; furnishing needy cases with food and clothing and assisting proper cases to secure outdoor work.

The Association, during the summer of 1908, opened a day camp accommodating twenty patients. A tuberculosis class is also conducted. Several persons were in 1907 sent to the State sanatorium or to the country. The Association also supports a nurse.

LAWRENCE

Lawrence Anti-Tuberculosis League (October 30, 1907):

President: Dr. C. G. Carleton.

Secretary: Mrs. Helen L. Sherman.

Medical Supervisor: Dr. A. L. Siskind.

Objects: The relief and control of tuberculosis.

During the first year of its existence the League gave a course of four lectures; conducted a tuberculosis camp; and gave a considerable amount of relief to individual cases. A nurse from the Lawrence General Hospital coöperates with the League in visiting cases.

LOWELL

Lowell Anti-Tuberculosis Association (1906):

President: Mrs. Frederick T. Greenhalge.

Objects: Education of the public and relief for needy cases.

In 1907, through the efforts of the Association, Mr. Frederick Ayer was persuaded to give a tuberculosis camp to the Lowell General Hospital. Mr. Ayer has given \$5000 more in 1908. The Association, as such, has been inactive for two years, the anti-tuberculosis work in the community being done by the Health Department of the Local Branch of the State Federation of Women's Clubs, of which Miss Helen Margaret Lambert is chairman.

LYNN

Lynn Association for the Relief and Control of Tuberculosis (March 1, 1907):

Chairman: Rev. E. J. Dennen.

Secretary: Dr. H. W. Newhall.

The Association in the first year of its work has supported a clinic for tuberculosis with which a visiting nurse has been connected, and has conducted also a tuberculosis class. A day camp was opened in 1908.

MALDEN

Committee on Tuberculosis of the Associated Charities (1907):

Business Headquarters: 15 Ferry Street.

Chairman: Dr. Godfrey Ryder.

General Secretary: Mrs. Edith S. Macdonald.

Objects: The study and prevention of tuberculosis by assisting the needy; bettering civic conditions and any other means possible.

ASSOCIATIONS

MASSACHUSETTS

The Committee maintains a tuberculosis clinic. It has also done some good educational work by means of an exhibition and by lectures. A tuberculosis class is conducted by the Committee, relief being given where necessary.

NEW BEDFORD

Portuguese League for Assistance to Consumptives (October 6, 1906):

Business Headquarters: 1123 Rockdale Avenue.

President: Dr. John Charles da Silva Pitta.

Objects: "To help the poor consumptives by curing those that are curable, and to alleviate the sufferings of the incurable by providing a proper place for them, and in this way, help to prevent the spread of the disease in the patients' families."

The large Portuguese population of New Bedford encouraged Dr. Pitta and others to do something to check the terrible ravages of consumption among them. At first the efforts of the League were confined simply to the giving of necessary relief in homes. But as the work grew, a small farm in the outskirts of New Bedford was purchased, and the League has established a day camp and the nucleus of a hospital. The Instructive Nursing Association supplies a nurse for the day camp and also to do visiting. The League also does considerable work of an educational nature.

NORTHAMPTON

Northampton Association for the Prevention and Control of Tuberculosis (November 22, 1907):

President: Albert M. Belden, Northampton.

Secretary: Mrs. Abbie Huxley, Florence.

Objects: To promote a careful study of conditions affecting tuberculosis in Northampton and vicinity; to educate public opinion as to the cause and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculosis patients in their homes and by means of hospitals and sanatoria.

The Association has about one hundred members. A tuberculosis class and a clinic are maintained. Considerable public interest has been aroused in various ways. A district nurse helps in the visiting.

PITTSFIELD

Pittsfield Anti-Tuberculosis Association (June 1, 1908):

President: Dr. J. F. A. Andrews.

Secretary: Miss Julia W. Redfield.

SALEM

Tuberculosis Committee of the Associated Charities, 252 Essex Street (1907):

Medical Director: Dr. Walter G. Phippen.

Secretary: Alice M. McIntire.

The committee has a tuberculosis class and employs part of the time a visiting nurse. Besides this a considerable amount of educational and relief work is done.

SPRINGFIELD

The Springfield Association for the Prevention of Tuberculosis (November 21, 1904):

President: Dr. H. C. Emerson, 177 State Street.

Secretary: John A. Denison.

Objects: "To promote a careful study of conditions regarding tuberculosis in Springfield and vicinity; to educate public opinion as to the cause and prevention of tuberculosis; and to arouse general interest in securing adequate provision for the proper care of tuberculosis patients in their homes and by means of hospitals and sanatoria."

The Association has a tuberculosis class, and during the year of 1908 conducted a day camp. A visiting committee of the members does good work in the homes of those who are under treatment. Some educational work is also done.

WALPOLE**Walpole Association for Relief and Control of Tuberculosis**
(1907):

Secretary-Treasurer: Mrs. Eleanor Way-Allen Mellen.

Objects: To aid needy consumptives and to educate the public.

The society has stimulated considerable activity along anti-tuberculosis lines in factories, clubs, and elsewhere. "Don't Spit" signs have been put up in several factories. Needy families have been helped with food and medical treatment.

WALTHAM**Waltham Anti-Tuberculosis Association** (June 4, 1908):

President: George A. Fiel.

Secretary: Dr. Charles B. Fuller.

In addition to the officers, there is a Council of twenty.

Objects: "The fighting of tuberculosis and the care of those afflicted with the disease."

WORCESTER**Worcester Tuberculosis Relief Association** (incorporated November 14, 1907, as successor to the Worcester Association for the Relief and Control of Tuberculosis, founded January 14, 1904):

President: Dr. Albert C. Getchell.

Treasurer and Clerk: Earle Brown.

Objects: "The controlling and eradicating of tuberculosis by caring for and assisting the afflicted poor, by distributing information concerning the disease, by encouraging the adoption of proper restrictive regulations pertaining to public buildings, workshops, homes and streets, and by establishing and maintaining institutions for those who cannot be properly cared for at home."

The Association employs a special visiting nurse. A considerable amount of educational work is done by circulars and through the press. A strong anti-spitting campaign was carried on in 1907 with some success.

MICHIGAN**STATE ASSOCIATION****The Michigan Association for the Prevention and Relief of Tuberculosis** (February 21, 1908):

President: Dr. C. G. Jennings, Detroit.

Secretary: Dr. A. S. Warthin, Ann Arbor.

Objects: "Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis. (2) Investigation of the prevalence of tuberculosis in Michigan and the collecting and publishing of useful information. (3) Securing of proper legislation for the relief and prevention of tuberculosis. (4) Co-operation with the public authorities, State and local boards of health, the National Association for the Study and Prevention of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease. (5) The promotion of the organization and work of local societies in all parts of Michigan. (6) Encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise."

The State Association has succeeded in the few months of its career in organizing local associations in several of the cities throughout the State.

MARQUETTE**Upper Peninsula Association for the Prevention and Cure of Infectious and Contagious Diseases** (November 20, 1907):

President: Dr. F. McD. Harkin, Marquette.

Secretary: Dr. George N. Orr, Lake Linden.

Objects: "To combat tuberculosis by a campaign of education, and to secure the erection of a sanatorium for the Upper Peninsula."

The Association during the first six months of its existence secured the insertion of a paragraph in the proposed revised State Constitution by which counties individually or conjointly may erect hospitals for

ASSOCIATIONS

MICHIGAN

contagious diseases. If this paragraph is ratified at the election in November, 1908, it is the intention of the Association to work for the erection of a State and county sanatorium in the Upper Peninsula.

The Association is composed very largely of county and city officials of the Upper Peninsula and of representative men from the State Medical Association. In addition to the combating of tuberculosis, it is the intention of the Association later to carry on a campaign against venereal and other contagious diseases.

ALMA

Alma Anti-Tuberculosis Society (1908):

President: Dr. I. N. Brainerd.

Secretary: Dr. J. N. Day.

ALPENA

Alpena County Anti-Tuberculosis Association (1908):

President: Michael O'Brien.

Secretary: Dr. C. W. Williams.

COOPERSVILLE

Ottawa County Anti-Tuberculosis Society (December, 1907):

President: Rev. S. B. Ford, Coopersville.

Secretary: Dr. E. D. Kremers, Holland.

The Society was organized by the Ottawa County Medical Society. Public meetings are held at frequent intervals.

DETROIT

The Detroit Society for the Study and Prevention of Tuberculosis (March 21, 1905):

President: S. T. Douglas.

Secretary-Treasurer: Dr. E. S. Sherrill, 270 Woodward Avenue.

Objects: To promulgate the doctrine that tuberculosis is communicable, preventable, and curable; to disseminate knowledge concerning the means and methods to be adopted for the prevention of tuberculosis; to aid in the establishment of places for the treatment of persons afflicted with tuberculosis.

The work of 1907 was confined chiefly to lectures on tuberculosis. The Society opened a tuberculosis clinic in 1908. On June 9, 1908, at a "Charity Day" celebration, over \$10,000 was obtained by the Society. The funds were placed in the hands of a committee. Four visiting nurses for tuberculous patients have been appointed. Other steps will be taken later.

DOWAGIAC

Anti-Tuberculosis Association of Dowagiac (March, 1908):

President: Dr. J. H. Jones.

Secretary: Miss Carrie F. Herkimer.

GRAND RAPIDS

Grand Rapids Anti-Tuberculosis Society (March 3, 1905):

President: John W. Blodgett.

Secretary: John Ihlder.

Objects: (1) To combat the spread of tuberculosis; and (2) to better the condition of persons suffering from it and to promote their recovery.

The Society maintains a nurse, as well as a special dispensary for tuberculosis. Largely through the efforts of the Society, the city was prevailed upon to build a municipal tuberculosis hospital. This Society was the first one of its kind to be formed in the State of Michigan.

HASTINGS

Hastings Anti-Tuberculosis Association (1908):

President: G. W. Lowrey.

Secretary: Dr. C. H. Lathrope.

HOLLAND**Holland Anti-Tuberculosis Association (1908):**

President: Luke Rogers.

Secretary: E. D. Kremers.

HOUGHTON**Houghton County Anti-Tuberculosis Society (March 2, 1908):**

President: Judge Norman M. Haire, Houghton.

Secretary: Miss Helen B. Dunstan, Hancock.

The work of the County Society is carried on through nine local committees, each with its own organization. In this way it is anticipated that most of the people in this mining district can be reached.

JACKSON**Jackson County Association for the Study and Prevention of Tuberculosis (April 30, 1908):**

President: Dr. Nathan H. Williams.

Secretary-treasurer: Rev. Robert E. McDuff.

Objects: To disseminate knowledge to every family in Jackson County on matters pertaining to health and tuberculosis; and to secure relief for all those suffering with this disease.

In the first month of its existence the Association secured a membership of one hundred. A circular on tuberculosis was issued also in this first month. It is expected that by the spring of 1909 shacks will be set up on the grounds of the city hospital.

KALAMAZOO**Kalamazoo Anti-Tuberculosis Society (February 7, 1908):**

President: Dr. Herman Ostrander.

Secretary: Dr. David Levy.

Objects: "First, to promote the popular understanding of the nature of tuberculosis and the means of preventing it; second,

ASSOCIATIONS

MICHIGAN, MINNESOTA

to endeavor to have our citizens make use of every means possible to prevent the dissemination of this disease; third, to endeavor to secure the enforcement of all laws and health regulations concerning tuberculosis; fourth, to secure the enactment of any laws which may be proposed, which will tend to limit this disease."

The Society has held several lectures and has enlisted the support on its committee of the newspapers, churches, schools, and fraternal and labor organizations.

MARSHALL

Marshall Anti-Tuberculosis Society (February, 1908):

President: Dr. Starr King Church.

Secretary: E. B. Stuart.

MUSKEGON

Muskegon Anti-Tuberculosis Society (March, 1908):

President: Dr. F. W. Garber.

Treasurer: John O. Ross.

Secretary: Mrs. Ione Williams.

OWOSSO

Owosso Branch of the Michigan Society for the Study and Prevention of Tuberculosis (May 5, 1908):

President: Stanley E. Parkill.

Secretary: Marie S. Brewer, 508 W. Oliver Street.

The Society has decided to have a visiting nurse in the near future. A lecture campaign was conducted by the Society, after its organization.

MINNESOTA

STATE ASSOCIATION

Minnesota Association for the Prevention and Relief of Tuberculosis (Reorganized and constitution adopted February 25, 1908):

ASSOCIATIONS

MINNESOTA

Business Headquarters: Capitol Building, St. Paul.

President: George C. Christian.

Executive Secretary: Christopher Easton.

This Association was originally formed in 1906, but for two years it was in a dormant condition until it was reorganized. Since its reorganization the State Board of Health has shared in the expenses, and by this aid much good through a paid secretary has been accomplished. The Association has an exhibit which it has shown in many of the principal cities, usually with the result that local committees have been formed after the exhibition.

FERGUS FALLS

Park Region Association for the Prevention and Relief of Tuberculosis (June, 1908):

President: Mrs. V. A. Wright, Fergus Falls.

The Association works in Ottertail and surrounding counties.

MANKATO

Blue Earth County Association for the Relief and Prevention of Tuberculosis (June, 1908):

President: Dr. A. O. Bjelland, Mankato.

Secretary: C. J. Corey.

MINNEAPOLIS

Anti-Tuberculosis Committee of the Associated Charities (1905):

Business Headquarters: City and County Building.

President: George C. Christian.

Secretary: Eugene T. Lies.

The Committee was the first organization of its kind in the State. It took an active part in the movement for establishing a State sanatorium. The Committee supports one special nurse, although the other nurses of the Associated Charities assist in this work.

ASSOCIATIONS

MINNESOTA, MISSISSIPPI, MISSOURI

WINONA

Winona Association for the Relief and Prevention of Tuberculosis (May, 1908):

President: Dr. C. P. Robbins.

Secretary: Rev. Percy E. Thomas.

ST. PAUL

St. Paul Committee on the Prevention of Tuberculosis (April 20, 1908):

Chairman: J. H. Skinner.

Secretary: Mrs. A. R. Colvin, 30 Kent Street.

The Committee conducts a summer camp for six patients, and also a day camp on the same grounds. A considerable amount of educational work is also being done.

MISSISSIPPI

STATE ASSOCIATION

Mississippi State Anti-Tuberculosis League (1907):

President: Dr. R. W. Shipp, Gulfport.

Secretary: Dr. R. W. Hall, Clinton.

Objects: Suppression of tuberculosis by teaching the public the means of prevention and by securing proper treatment for infected cases.

The League, through coöperation with the various county medical societies, has secured an annual public meeting on tuberculosis in many of the counties. Some publicity work is also carried on through the press and in other ways.

MISSOURI

STATE ASSOCIATION.

The Missouri Association for the Relief and Control of Tuberculosis (May 15, 1907):

Business Headquarters: 625 Locust Street, St. Louis.

ASSOCIATIONS

MISSOURI

President: Dr. George Homan.

Secretary: Robert J. Newton.

Objects: "Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis; investigation of the prevalence of tuberculosis in Missouri and the collection and publishing of useful information; securing of proper legislation for the relief and prevention of tuberculosis; coöperation with the public authorities (State and local Boards of Health), the National Association for the Study and Prevention of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease; promotion of the organization and work of local societies in all parts of Missouri; encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise; and, in general, to do all things and acts having as their object the relief of those afflicted with tuberculosis and the control and prevention of that disease throughout the entire State."

During the first year of its existence the State Association has organized ten county and local associations. A traveling exhibit is planned. The careful organization, moreover, of the State Association has tended to a wide diffusion of interest in tuberculosis. The Association publishes a journal, entitled "Control."

ARMSTRONG

Howard County Society for the Prevention of Tuberculosis
(July, 1908):

President: Dr. W. S. Thompson.

BUTLER

Bates County Society for the Prevention of Tuberculosis (May
11, 1908):

President: William E. Walton, Butler.

Secretary: Mrs. C. R. Home, Butler.

Medical Director: Dr. E. N. Chastain.

ASSOCIATIONS

MISSOURI

CALIFORNIA

Moniteau County Society for Relief and Prevention of Tuberculosis (March 12, 1908):
President: John F. Short, California.
Secretary: C. W. Burford, California.

CAPE GIRARDEAU

Cape Girardeau Association for the Prevention of Tuberculosis (February 12, 1908):
President: Dr. W. C. Patton.
Secretary: Dr. D. H. Hope.

FAYETTE

Howard County Society for the Prevention of Tuberculosis (September 6, 1907):
Secretary: N. E. Smith, Fayette.

JEFFERSON CITY

Cole County Society for the Prevention of Tuberculosis (January 7, 1908):
President: Mrs. Joseph W. Folk.
Secretary: Mrs. Charles P. Hough.

KANSAS CITY

Jackson County Society for the Relief and Prevention of Tuberculosis (September 26, 1907):
Secretary: Dr. Byron C. Darling, 410 Dwight Building, Kansas City.
Objects: "To use all possible means to prevent tuberculosis in all forms; to care for all advanced cases possible; and to provide means to cure all curable cases."

ASSOCIATIONS

MISSOURI

The Society has organized local committees in the various towns of the county. Several public meetings have been held and a large amount of literature distributed. Under the direction of Dr. Robert O. Cross, ex-president of the Society, an effort is being made to raise a fund of \$10,000 to help equip the new municipal tuberculosis hospital.

NEW LONDON

Ralls County Society for the Prevention of Tuberculosis (June 11, 1907):

President: Col. Joseph Burnett, New London.

Secretary: Dr. W. F. Waters.

OWENSVILLE

Gasconade County Society for the Prevention of Tuberculosis (April 21, 1908):

President: George Buschmann, Owensville.

Secretary: William Stukenbroker, Owensville.

SPRINGFIELD

Greene County Anti-Tuberculosis Association (April 13, 1908):

President: J. B. Montgomery, Springfield.

Secretary: Dr. E. G. Beers, Springfield.

Medical Director: Dr. J. R. Boyd.

ST. LOUIS

St. Louis Society for the Relief and Prevention of Tuberculosis (May, 1904):

Business Headquarters: 625 Locust Street.

President: Edward F. Goltra.

Secretary: Robert J. Newton.

Objects: To educate the people of St. Louis on matters pertaining

to tuberculosis; to secure enforcement of existing laws, and of any new laws that may be necessary to prevent the spread of the disease; and to aid needy consumptives and their families.

Brief summary of principal work done in 1907: (1) Open-air meetings were held during the summer in the school-yards of the city, the total attendance numbering over 50,000. (2) Fifty-six meetings, addressed by eighty-three speakers, were held, and six display exhibits given. (3) A large amount of literature was distributed, including 57,000 copies of "Relief," the Society's paper. (4) Anti-spitting signs have been placed in all street-cars, and the anti-spitting ordinance has been generally enforced. (5) Permission has been obtained to circulate literature in the schools. (6) The two nurses of the Society made over 5000 visits to over five hundred patients.

MONTANA

STATE ASSOCIATION

Montana Association for the Prevention and Study of Tuberculosis (January 22, 1908):

Secretary: Dr. Thomas D. Tuttle, Helena.

The Association is organizing city and county branches throughout the State.

NEBRASKA

STATE ASSOCIATION

The Nebraska Association for the Study and Prevention of Tuberculosis (1908):

Business Headquarters: 408 City Hall, Omaha.

Secretary: Mrs. Albert Edholm.

Objects: To secure proper legislation in both State and cities; to awaken public interest in tuberculosis; and to secure the coöperation of all organizations for carrying on this work.

Active work has been done by the State Association in organizing

ASSOCIATIONS

NEBRASKA, NEW HAMPSHIRE, NEW JERSEY

local committees in several of the larger cities of the State. The Association published 10,000 circulars for free distribution in 1908.

NEW HAMPSHIRE

STATE ASSOCIATION

New Hampshire Society for the Prevention of Consumption
(1904):

President: Dr. Ezra Mitchell, Lancaster.

Secretary: Dr. F. S. Towle, Portsmouth.

This Association has done very little work since its organization, and exists only in name.

NEW JERSEY

STATE ASSOCIATION

New Jersey Association for the Prevention and Relief of Tuberculosis
(May 1, 1906):

Business Headquarters: 164 Market Street, Room 609, Newark.

President: Dr. G. K. Dickinson.

Executive Secretary: William C. Smallwood.

Objects: The prevention and relief of tuberculosis in any way possible.

The New Jersey State Association has organized local committees in twenty different towns and counties of the State, giving New Jersey as many local societies as any other State in the Union. Lectures are given in various parts of the State, and a large amount of literature is distributed every year to various organizations. Through coöperation with the State authorities the work of legislation is assisted. A traveling exhibit is supported by the Association. During the years of 1907-1908 the Association spent over \$2600.

ATLANTIC CITY**Atlantic City Committee for the Relief and Prevention of Tuberculosis (1907):**

Business Headquarters: City Hall.

President: Dr. Edward Guion.

Secretary: Dr. Walt P. Conway.

Objects: Similar to those outlined for other local committees in New Jersey, as follows: (1) Placing of the State Tuberculosis Exhibit. (2) Registration of all tuberculous cases. (3) Disinfection of all homes in which tuberculosis has existed, either at time of death or on removal of patient. (4) The employment of visiting nurses to attend patients in their homes. (5) Medical inspection of public schools to prevent the spread of infectious and contagious diseases. (6) The organization of factory classes for tuberculous patients. (7) The education of the public by lectures and the abating of the spitting nuisance. (8) Petition to the Board of Education for systematic education on tuberculosis, through use of charts, in public schools.

During the year 1907 a public exhibition was held and various other lectures were given. Some further educational work was done through newspapers and the distribution of literature.

BEVERLY**Beverly Tuberculosis Committee (1907):**

President: Dr. George T. Tracy.

Secretary: Herman A. Stees.

No active work has as yet been done by the committee, which will take up the campaign in the fall.

BRIDGETON**Bridgeton Anti-Tuberculosis Association (December 6, 1906):**

President: Dr. Joseph Tomlinson.

Objects: "To educate the public as to the prevention and cure of tuberculosis."

ASSOCIATIONS

NEW JERSEY

The Association has carried on a vigorous campaign of education, and has urged the registration of tuberculosis by the local health authorities. A school inspector has been recommended. The Association has also had largely attended lectures, placed the exhibit, and distributed literature.

BURLINGTON

Burlington Tuberculosis Committee (1907):

President: I. Snowden Haines.

Secretary: Dr. Marcus W. Newcomb.

No active work has yet been done by the committee. The campaign will be taken up in the fall.

CAMDEN

Camden Anti-Tuberculosis League (March 1, 1908):

Business Headquarters: Room 16, City Hall.

President: Dr. Henry H. Davis.

The Association opened a dispensary shortly after its organization. A considerable amount of educational work has also been done through lectures, newspapers, circulars, and the State exhibit.

ELIZABETH

The Elizabeth Association for the Prevention and Relief of Tuberculosis (December, 1906):

President: Dr. Thomas N. McLean, 1144 E. Broad Street.

Secretary: Dr. P. Du Bois Bunting.

During the year 1907 the State exhibit was given, and fourteen lectures on various phases of tuberculosis were also given. Posters were put up in the large factories and several thousand circulars were distributed in the schools. The Association helped to secure the enforcement of the registration and disinfection act.

GLASSBORO**Glassboro Society for the Prevention and Relief of Tuberculosis**
(1907):

President: A. M. Seabrook.

Secretary: Dr. Charles S. Heritage.

The committee has had largely attended lectures, placed the State tuberculosis exhibit, distributed literature, and is now making a special effort to reach the glass-blowers.

JERSEY CITY**Hudson County Association for the Prevention and Relief of Tuberculosis** (November 19, 1906):

President: Dr. William L. Pyle, Public Library, Jersey City.

Secretary: Dr. M. Hecht, Hoboken.

Objects: To prevent by all legal means the development and spread of tuberculosis in all its forms; and to that end, the publication and distribution of literature; establishment of hospitals, sanatoria, etc., for the care and cure of afflicted.

During the year 1907 the efforts of the Association were bent on the establishment of the county sanatorium at Snake Hill, for the accommodation of seventy-two incipient and sixty advanced cases. The sanatorium will be opened in October, 1908. An exhibit, with an attendance of 35,000 in ten days, created a large amount of interest in tuberculosis. Fifteen thousand circulars were also distributed.

LAKEWOOD

Lakewood, N. J., has an unofficial committee of ladies and gentlemen, who have hired a district nurse, and raise funds from time to time by subscriptions and entertainments. The committee is not regularly organized and has no business name. The nurse has been at work nearly two years, and reports to the ladies monthly, turning in fees given her by patients. Mrs. H. S. Kearney, Mrs. A. B. Claffin, Dr. I. H. Hance, and Dr. W. G. Schauffler, of the State Society, are coöperating in this work with Miss E. B. Glover, Mrs. C. L. Pack, and others.

MILLVILLE

Millville Society for the Prevention and Relief of Tuberculosis
(February, 1907):

President: Dr. S. D. Bennett.

Secretary: Silas C. Smith.

The Committee has had largely attended lectures, placed the State tuberculosis exhibit, and distributed literature. It is now making a special effort to reach the glass-blowers.

MONTCLAIR

Montclair Committee for the Relief and Prevention of Tuberculosis (November 30, 1907):

Chairman: Mrs. Nathan Y. Porter, Jr.

Secretary and Treasurer: Miss Isabel Gibson, 55 Elm Street.

Medical Director: Dr. Stella S. Bradford.

Objects: The prevention of tuberculosis in Montclair and the relief of those suffering from the disease.

A class of adult tuberculous cases has been formed and the home treatment method has been carried on with good success. A preventive class of fifteen children, mostly from tuberculous parents, has been carried on with signal success. A course of lectures has been given and public interest has been stimulated generally. The committee employs a lay visitor to inspect and instruct in the homes of its charges. Over \$1400 was spent in 1907 by the Committee.

MOUNT HOLLY

Mount Holly Branch of the New Jersey Association for the Prevention and Relief of Tuberculosis (March, 1908):

President: Rev. James Stoddard.

Secretary: Miss Hannah A. Moore, Box 72.

The committee employs a visiting nurse, has medical inspection in the public schools, non-spitting ordinance partially enforced, and has partial registration. The State exhibit was placed there in 1908, lectures given, and literature distributed.

NEWARK**Newark Committee for the Prevention of Tuberculosis (June, 1907):**

President: Rev. James I. Vance, D.D., 27 Washington Street.

Secretary: Fred E. Clerk, Newark Academy.

Objects: The prevention of tuberculosis and the relief of those suffering from the disease.

The committee has been largely instrumental in securing certain municipal reforms through the Board of Health. A considerable amount of literature has been distributed and some relief work done. The city has opened a sanatorium at Verona for the accommodation of seventy-two incipient cases. There is a city dispensary. The Visiting Nurse Association gives special care to tuberculous patients.

NEW BRUNSWICK**New Brunswick Society for the Prevention and Relief of Tuberculosis:**

President: Frederick B. Kilmer, Board of Health.

The committee has conducted a course of lectures, distributed literature, and furthered the opening of a shack for the accommodation of six tuberculous patients, which was temporarily closed in 1908 because of the failure of the city to appropriate the necessary funds.

ORANGE**Anti-Tuberculosis Committee of the Oranges (March, 1904):**

Business Headquarters: 18 Hillyer Street, Orange.

Chairman: Norman M. Ward, 176 Berkeley Avenue.

Secretary and Treasurer: Miss Louise R. Pierson.

Supervising Nurse: Miss Mary M. McKechnie.

Objects: "Primarily educational work along the lines of prevention."

The Committee conducts a tuberculosis clinic. One visiting nurse is

ASSOCIATIONS

NEW JERSEY

supported. During the year 1907 eight free lectures were given, a large number of pamphlets were distributed, and several articles were published in the local press.

The State tuberculosis exhibit was also placed in Orange.

PATERSON

Paterson Tuberculosis Association :

Secretary: Dr. Charles B. Russell, 27 Clark Street.

The Association exists as a committee of the Charity Organization Society. The nurse of the Society made 417 visits to tuberculous patients in 1907. The Association has assisted in securing a hospital for advanced cases from the city. The exhibit was placed in Paterson in February, 1907.

PLAINFIELD

Plainfield Society for the Prevention and Relief of Tuberculosis

(March 1, 1907):

President: Charles J. Fisk, 211 W. 7th Street.

Secretary: L. R. Thurlow, 149 North Street.

Objects: "To meet the local conditions in trying to prevent the spread of the disease; and whenever possible, to provide some means for the cure of patients."

Much interest was aroused by the State exhibit, which was attended by over 3500 people. The association has secured a trained nurse, and hopes later to establish some sort of camp or sanatorium.

SUMMIT

Summit Committee for the Prevention and Relief of Tuberculosis (June 20, 1908):

President: D. L. Haigh.

The Committee was organized through the State Board of Health and the Town Improvement Association, the latter Association composed entirely of women. The movement also has the approval of the

school board and the Common Council. An active plan of work will be begun in the fall.

TRENTON

Trenton Association for the Prevention and Relief of Tuberculosis:

President: Dr. William Elmer, 44 W. State Street.

Secretary: David S. South, 145 E. Hanover Street.

The exhibit of the State Association was held in Trenton, but little further has been done. The Association numbers only twenty-six members.

VINELAND

Vineland Anti-Tuberculosis Association (May 17, 1907):

President: Myron J. Kimball.

Secretary: Miss Annie M. Hannis.

The Association was organized under the auspices of the "Woman's Club of Vineland." During the year the State tuberculosis exhibit was placed, three special lectures were given, and ten needy cases assisted by instruction and material aid. The Association receives appropriations for its work from the borough and township. Circulars are distributed twice yearly.

WOODBURY

Woodbury Tuberculosis Committee (June, 1908):

President: William T. Cooper.

Secretary: Howard S. Davis.

The Committee has had largely attended lectures, placed the State tuberculosis exhibit, distributed literature, and is now making a special effort to reach the glass-blowers.

NEW YORK**STATE ASSOCIATION****Committee on the Prevention of Tuberculosis of the State Charities Aid Association (July, 1907):**

Business Headquarters: Rooms 603-4, United Charities Building,
105 East 22d Street, New York City.

Chairman: George F. Canfield.

Secretary: Homer Folks.

Assistant Secretary: John A. Kingsbury.

Objects: "The education of the public in regard to the communicability, curability, and preventability of tuberculosis; the promotion of measures for the restriction of this disease in New York State, outside of the city of New York."

In October, 1907, in coöperation with the New York State Department of Health, an educational campaign for the prevention of tuberculosis was undertaken by the State Charities Aid Association, and the following cities and towns were thoroughly aroused: Utica, Rome, Troy, Albany, Schenectady, Canandaigua, Waterloo, Geneva, Auburn, Cortland, and Naples. This campaign of education was conducted in connection with the traveling tuberculosis exhibit of the New York State Department of Health. Lectures, mass-meetings, exhibits, circulars, press bulletins, and street-car transfers were some of the means employed in this educational campaign. Besides this, investigation of the prevalence of tuberculosis in the various cities and also in local almshouses, helped to give a concrete idea of the extent of the disease.

The results obtained through the campaign may be summarized as follows:

1. Eleven permanent committees in as many different cities were organized: namely, Utica, Rome, Troy, Albany, Schenectady, Canandaigua, Geneva, Cortland, Auburn, Waterloo, and Naples.
2. Five tuberculosis clinics were established, in Rome, Utica, Troy, Albany, and Schenectady; and five visiting nurses were secured to work in connection with the dispensaries.

ASSOCIATIONS

NEW YORK

3. Two municipal laboratories, where prompt and free sputum analysis may be obtained, were established.

4. In four cities provision was made for the relief of needy consumptives, milk and eggs being furnished free to those who are unable to provide for themselves.

5. The counties of Oneida and Rensselaer have each already undertaken the construction of hospitals for advanced cases in connection with their County Homes, at an approximate aggregate expense of \$125,000.

6. The Central Federation of Labor at Albany was induced to erect a pavilion which cost approximately \$2000, in conjunction with which the Red Cross Society operates a summer day camp at an additional cost of \$2000. The Red Cross Society has also established a day camp in Schenectady.

7. There has been a great increase in the number of applications for admission to the State Sanatorium at Ray Brook.

8. The Health Officers of a number of cities were sufficiently interested to make a special pilgrimage to the cities of Rochester and Syracuse, where efficient schemes of municipal control are in operation.

9. Several of the cities have passed ordinances prohibiting careless spitting and providing for proper protection of food-supplies.

10. As a direct result of the campaign, the Legislature of 1908 passed a most comprehensive law requiring registration of all cases of tuberculosis.

ALBANY

Albany Committee on the Prevention of Tuberculosis (January, 1908):

President: Charles Gibson.

Secretary: Dr. H. L. K. Shaw.

The Committee has opened a dispensary and has coöperated with the Central Federation of Labor to secure the latter's new hospital.

AUBURN

Auburn Public Health Association (1908):

President: Dr. A. H. Brown.

ASSOCIATIONS

NEW YORK

BUFFALO

**Tuberculosis Committee of the Charity Organization Society
(1906):**

Business Headquarters: 165 Swan Street.

Chairman: Dr. Irving P. Lyon.

Executive Secretary: Dr. George J. Eckel.

Objects: The prevention and treatment of tuberculosis in every possible way.

An investigation of the County Tuberculosis Hospital made by the Committee in 1908 has resulted in notable improvements at that institution. A special tuberculosis dispensary was opened on December 7, 1907. A Committee has done a large amount of educational work by exhibits and otherwise, especially among the foreigners in the city.

CANANDAIGUA

**Canandaigua Committee on the Prevention of Tuberculosis
(April 20, 1908):**

President: Hon. Robert F. Thompson.

Secretary: Dr. A. W. Armstrong.

CORTLAND

**Cortland Committee on the Prevention of Tuberculosis (May,
1908):**

President: Benjamin L. Webb.

Secretary: Dr. R. P. Higgins.

GENEVA

**Geneva Committee on the Prevention of Tuberculosis (May,
1908):**

President: H. B. Graves.

Secretary: Dr. C. C. Lytle.

ASSOCIATIONS

NEW YORK

LE ROY

Le Roy Anti-Tuberculosis League (February 11, 1908):

President: Dr. S. W. Skinner.

Secretary: Dr. George E. Davis.

NAPLES

Naples Committee on the Prevention of Tuberculosis (June 5, 1908):

President: C. L. Lewis.

Secretary: Mrs. S. L. Smith.

NEW YORK (Borough of Manhattan)

The Committee on the Prevention of Tuberculosis of the Charity Organization Society (June 1, 1902):

Business Headquarters: 105 East 22d Street.

Chairman: Edgar J. Levey.

Director: Lawrence Veiller.

Acting Secretary: James F. Lavery.

Objects: Research into the social aspects of tuberculosis, the dissemination in every practical way of knowledge concerning the means and methods to be adopted for its prevention and cure; and the securing through legislation and in other ways of measures looking toward its prevention and more adequate control.

The Committee on the Prevention of Tuberculosis, organized in June, 1902, is one of the branches of the Department for the Improvement of Social Conditions of the Charity Organization Society of the City of New York. Its activities are local.

The work of the Committee since its organization has been conducted along four lines of effort, viz., research, educational work, treatment, and legislation. Some of the more important results achieved may be briefly summarized as follows:

1. *Research:* The following investigations have been made: (1) A comprehensive study has been made of the social aspects of tuberculosis and the results published, with articles by eminent physicians and

laymen on the various aspects of the tuberculosis problem, in a "Hand-Book on the Prevention of Tuberculosis" (368 pages). (2) An investigation has been made of over one hundred lodging-houses in New York City and a report submitted to the Health Department and substantial changes made in the sanitary code relative to lodging-houses. (3) An investigation has been made of conditions in the New York post-office building. (4) An investigation has been made of the advisability of employment in the country for consumptives and a report published of the results obtained from this experience and conclusions reached. (5) An investigation has been made of the prevalence of tuberculosis among negroes, with a view to finding out the cause of the high death-rate and relatively small number of cases of sickness reported among them. (6) A comprehensive study has been made of the lack of proper hospital accommodations for the tuberculous sick in New York City and a movement inaugurated to remedy these conditions and secure proper and adequate accommodations. (7) An investigation has been made of the prevalence of tuberculosis among children in the families of those already suffering from this disease. (8) An investigation has been made of the prevalence of tuberculosis in certain industries and among certain classes of workers and the relations of the conditions under which these persons work to the disease. (9) An investigation has been made of the prevalence of tuberculosis among cattle and the relation of bovine tuberculosis to human beings, and a report of 91 pages published. (10) An investigation, covering a period of twenty months, has been made of the possibilities of home treatment of the tuberculous sick in New York City, and a report of 48 pages published, setting forth the results of this experiment.

2. *Educational Work:* The work of educating the community with regard to the nature of this disease and the best means of preventing and curing it, has been carried on along the following lines: (1) A traveling exhibition in New York City, viewed by over 150,000 people in six weeks. (2) Distribution in large quantities of circulars. Half a million distributed a year. (3) Lectures with and without stereopticon views. Over two hundred lectures given each year. Attended by over 78,000 people. (4) Regular weekly publication of news bulletins in the papers. (5) Publication and distribution of special reports and

pamphlets. (6) Advertisements on the backs of street-car transfers—fifty million a year. (7) A *new method of reaching the tenement-house population* has been devised and a door-to-door distribution of an artistic poster containing advice about tuberculosis and referring patients to the clinic of their district has been carried on, this poster having been distributed to 10,000 Italian families.

3. *Treatment:* (1) An active part has been taken in campaigns to secure appropriations for the establishment of State and municipal sanatoria. (2) An active movement has been inaugurated for securing proper hospital accommodations for the tuberculous sick in New York City after a comprehensive study of the situation. (3) A system of special tuberculosis clinics has been inaugurated and developed on a district basis, designed to furnish treatment for the consumptive poor, and looking toward the ultimate dispensary control of tuberculosis in New York City. (4) A day camp for the treatment of persons suffering with tuberculosis was established and maintained for a sufficient period of time to demonstrate the feasibility and desirability of such an agency in the solution of the tuberculosis problem. (5) A number of special tuberculosis clinics for children have been established for the purpose of examining the children of those suffering with tuberculosis who are already known to the tuberculosis clinics of the city and with a view to the proper care of those who may be found to be suffering from the disease.

4. *Legislation:* (1) From time to time, strong opposition has been made to undesirable modifications of the tenement-house laws. (2) An active part has been taken in campaigns to secure appropriations for both State and municipal sanatoria, both of which have since been realized. (3) Through the initiative of this Committee important changes have been made in the agricultural law with reference to the control of bovine tuberculosis.

Young Folks' League for the Home Treatment of Tuberculosis
(April, 1908):

Financial Secretary: Miss Pauline I. Shenberg, 50 W. 112th Street.

ASSOCIATIONS

NEW YORK

Objects: To provide diet for needy consumptives.

The League is the outgrowth of a social club of young people of the Harlem and Yorkville districts. The work of the organization will be confined to lower Harlem, in the District of the Mount Sinai Hospital Tuberculosis Clinic. A depot has been opened near the hospital and will be kept open about two or three hours a day. This depot will supply daily three quarts of milk and six eggs to all tuberculous cases who come with a proper card from the above clinic. Those who can pay are charged wholesale price for their provisions, or whatever sum they can afford to give. In this way the much-needed diet will be furnished to many families who could not in any way afford it. It is estimated that the expenses of the first year will be about \$3000.

NEW YORK (Borough of Brooklyn)

Committee on the Prevention of Tuberculosis of the Brooklyn Bureau of Charities (March, 1905):

Business Headquarters: 69 Schermerhorn Street.

Chairman: Frederick B. Pratt.

Secretary: James Jenkins, Jr.

Objects: "Active educational work by means of lectures and exhibits; to obtain better and more hospital and dispensary facilities for tuberculous patients; to coöperate with all preventive agencies and to be an information bureau for tuberculosis statistics in Brooklyn."

The Committee, which had been somewhat disorganized for some time, was reorganized on June 1, 1908, and the present secretary chosen. Three tuberculosis classes were at once organized in different parts of the city and a systematic campaign of relief and instruction was inaugurated.

ROCHESTER

Rochester Public Health Association (1898):

Business Headquarters: 32 Washington Street.

Secretary: Dr. Montgomery E. Leary.

Objects: "To promote all matters pertaining to the general health; to establish a museum and reading-room; to support a visiting tuberculosis nurse and a dispensary."

The Association has stirred up the city of Rochester so that it is keenly alive to its responsibility in the care of its tuberculous patients. A large amount of publicity has been given to matters pertaining to tuberculosis through the press, by lectures, exhibits, pamphlets, and other ways. The Association supports a dispensary with special clinic for eye, ear, nose, throat, and teeth. A visiting nurse is employed by the Association. The special tuberculosis work of the Association was commenced in May, 1904.

ROME

Rome Committee of the State Charities Aid Association (December, 1907):

Chairman: Dr. Arthur A. Gillette.

Secretary: Seymour E. Spinning.

Objects: The prevention and treatment of tuberculosis, together with the relief of such cases as are needy.

The Committee has been largely influential in securing a municipal tuberculosis dispensary; and with the Utica Committee secured the Oneida County Hospital. A visiting nurse is supported by the Society.

SARANAC LAKE

Saranac Lake Society for the Control of Tuberculosis (April 12, 1907):

Business Headquarters: 64 Main Street.

Honorary President: Dr. E. L. Trudeau.

President: John Carrier.

Executive Secretary: F. L. Fairchild.

Objects: "The steady growth of Saranac Lake and vicinity as a health resort has created many problems of vital importance to the future of this region. The Society for the Control of Tuberculosis has been formed to meet these problems and to

safeguard and benefit the community: (1) By educating the people in regard to the proper sanitary measures in relation to tuberculosis. (2) By aiding the Board of Health in bringing home to the people the necessity of enforcing these measures, especially such as deal with expectoration and disinfection. (3) By encouraging and assisting all hotels and boarding-houses to enforce these measures. (4) By discouraging the sending to the Adirondacks the hopelessly ill persons who are without means of support. (5) By maintaining a free bureau of information with a competent manager whose duties shall be (a) to furnish reliable and impartial information concerning the conditions and cost of living in Saranac Lake and vicinity; (b) to explain the conditions under which admission to the various semi-charitable institutions is to be gained; (c) to investigate needy cases and provide temporary aid or nursing when necessary; (d) to coöperate with the Board of Trade and business interests in distributing suitable literature."

The Society maintains a bureau of information in charge of the executive secretary. This bureau furnishes, free of charge, reliable and impartial information concerning the conditions and cost of living in Saranac Lake. The executive secretary is in touch with all the boarding-houses and hotels and is fully informed as regards their rates and facilities.

The secretary investigates all needy cases brought to his notice, and provides temporary aid, or nursing if necessary. He also furnishes information and advice with regard to the available sanatoria and hospitals of the State.

The Society has assumed charge of the District Nursing Association and the district nurse has her headquarters in the office of the Society.

SCHENECTADY

**Schenectady Committee on the Prevention of Tuberculosis
of the State Charities Aid Association (February 29, 1908):**

President: E. F. Peck:

Secretary: Dr. H. L. Towne, 820 Union Street.

ASSOCIATIONS

NEW YORK

Objects: "To prevent the spread of tuberculosis and to provide for the care and relief of those suffering therefrom."

The Committee in the summer of 1908 coöperated with the Red Cross Society in securing and maintaining a day camp. A municipal dispensary was opened in 1908, partly as a result of the Committee's efforts.

TROY

Tuberculosis Relief Committee of Troy (January 14, 1908):

President: Robert Cluett.

Secretary: Dr. H. W. Carey, 87 Fourth Street.

Objects: To give relief to consumptives and their families; to procure better accommodations for consumptives; and to educate the public.

The Committee absorbed the Society for the Home Treatment of Consumption in Troy, the new name being as above stated. The Committee is one of the subcommittees of the State Charities Aid Association. A tuberculosis class and a district nurse are maintained by the Committee. A dispensary, or relief station, has also been opened.

UTICA

Utica Tuberculosis Committee of the State Charities Aid Association (November 25, 1907):

Chairman: Dr. William S. Nelson.

Secretary: Miss Lucy C. Watson.

Objects: The prevention of tuberculosis and the care of those who have this disease.

Although not a year old, this Committee was influential in persuading the county officials to build a tuberculosis hospital. A dispensary has also been opened. A large amount of literature has been distributed.

ASSOCIATIONS

NEW YORK, NORTH CAROLINA

WATERLOO

Waterloo Committee on the Prevention of Tuberculosis (May, 1908):

President: W. F. Bacon.

Secretary: W. T. McLean.

YONKERS

The Sanitary League of Yonkers (1906):

President: Rev. James E. Freeman.

Secretary: Raymond N. Bunker.

Objects: "To promote the health of the people of Yonkers."

The League conducts a tuberculosis dispensary, which is maintained by the city at a cost of about \$5000 a year. The League conducts an active educational campaign against tuberculosis by the use of posters, by lectures, and in various other ways. The city of Yonkers has been persuaded also to erect a Municipal Hospital for Consumptives.

NORTH CAROLINA

STATE ASSOCIATION

North Carolina Association for the Prevention of Tuberculosis (May, 1906):

President: Dr. Martin L. Stevens, Asheville.

Objects: "The combating of tuberculosis, (a) by the study of the disease in all its forms and relations, (b) by the dissemination of knowledge concerning its causes, prevention, and treatment, (c) by such other means as may from time to time seem advisable."

The Association, together with the secretary of the State Board of Health, have induced the School Text-book Committee to insert in the school text-book on physiology a suitable chapter on the prevention of tuberculosis.

DURHAM

Durham Anti-Tuberculosis Association (March 24, 1908):

President: T. B. Fuller.

Secretary: Dr. T. A. Mann.

Objects: To disseminate knowledge concerning the causes, treatment, and prevention of tuberculosis; to investigate its presence in Durham; to secure proper legislation; to coöperate with health officials; and to secure the establishment of sanatoria and dispensaries.

A dispensary was opened in May, 1908, by the Association. The Association, through coöperation with the Board of Health, has secured the services of a special tuberculosis nurse.

OHIO

STATE ASSOCIATION

Ohio Society for the Prevention of Tuberculosis (1901):

The Society after its organization took up actively the work of aiding the State Board of Health to secure a sanatorium, but for several years no meetings have been held and no work done. It is hoped in the autumn of 1908 to reorganize the Society.

CINCINNATI

The Anti-Tuberculosis League of Cincinnati (January, 1907):

Business Headquarters: 304 Broadway.

President: Dr. Samuel E. Allen.

Secretary: C. M. Hubbard.

Objects: "To bring into coöperation existing institutions for the treatment and prevention of tuberculosis; to encourage the establishment of new facilities and institutions for that purpose when such shall seem to the League to be necessary; to study local conditions; to educate the public regarding the nature, treatment, and prevention of the disease."

During the year 1907 the city was induced to establish a tuberculosis dispensary and to publish and distribute literature relating to the treatment and prevention of tuberculosis. A number of lectures were also delivered before societies and schools, and a preliminary study of local conditions was made. Several of the labor unions of the city have joined the League, and thus its scope has been considerably extended.

ASSOCIATIONS

OHIO

Anti-Tuberculosis Committee of the United Jewish Charities:

Business Headquarters: 730 Carlisle Avenue.

Superintendent: Boris D. Bogen.

Objects: The prevention and cure of tuberculosis among the Jews.

The work of the Committee is mainly that of giving relief. Patients are sent to the National Jewish Sanatorium at Denver, and are supported in their homes or in the suburbs of the city.

CLEVELAND

The Anti-Tuberculosis League of Cleveland (March 3, 1905):

Business Headquarters: 211 Kingmore Building.

President: Dr. John H. Lowman.

Secretary: Dr. F. W. Vincent.

Objects: (a) To effect the coöperation of all organizations and individuals whose work or interest is in sympathy with the prevention and cure of tuberculosis.

(b) To promote the investigation and study of the causes, prevention, and cure of tuberculosis, and to inform the public of these facts by means of the distribution of printed matter, through meetings and lectures before schools, libraries, fraternal and labor organizations, and other public bodies, and through similar methods of propaganda.

(c) To assist in the prevention of tuberculosis by the inspection of shops and public places; the examination of dangerous trades and occupations and the institution of proper preventive methods therein; by the establishment of farms, fresh-air camps, and vacation schools for mothers and children; by the disinfection of infected places; by the enactment and enforcement of suitable legislation; and by the promotion of public and private hygiene.

(d) To effect the cure of tuberculosis by public education; by finding the dwelling-places of those having the disease and providing a physician, nurse, and material aid where such are necessary; by furnishing light labor for the convalescent; and by encouraging or providing for the conduct of dispensaries and sanatoria.

Summary of work done in 1907: (a) The maintenance of the Tuberculosis Dispensary with its adult and children's clinics; visitation of tuberculous patients in their homes by nurses; referring advanced cases to the city sanatorium, incipient cases to Warrensville Farm; referring needy cases to the Associated Charities for material aid. (b) The opening of a tent colony for tuberculous children in the country for three months during the summer. (c) The giving of twenty-three lectures on the prevention and cure of tuberculosis before popular audiences, such as labor unions, mothers' clubs, school-children, settlement audiences, etc. Stereopticon views, largely local in character, used in connection with these lectures. (d) The conducting of an active campaign among the physicians of the city, in connection with the Board of Health, medical societies, etc., to secure compliance with the law requiring the reporting of all cases of tuberculosis to the Health Department, with the result that the Board of Health issued a warning to physicians to the effect that after November 1, 1907, any repeated refusal to obey the regulation would be vigorously prosecuted. (e) Through the Sanatoria Committee, urging favorable State legislation and keeping in touch with the Ohio State Sanatorium Commission, which has in charge the erection of a State sanatorium for incipient cases, the last legislature having appropriated \$175,000 for that purpose.

COLUMBUS

The Columbus Society for the Prevention and Cure of Tuberculosis (December 5, 1906):

Business Headquarters: 34 East Rich Street.

President: Mrs. Samuel L. Black.

Corresponding Secretary: Mrs. Lucile Joyce Hagerty.

Objects: "This Society is formed for the purpose of preventing tuberculosis: (1) by promulgating the doctrine that tuberculosis is a communicable disease; (2) by instructing the public in practicable methods of avoidance and prevention; (3) by visiting the consumptive poor and supplying them with the necessary materials with which to protect themselves and others against the disease, and instructing them in their use; (4) by furnishing the consumptive

poor with hospital and dispensary treatment; (5) by coöperating with Boards of Health in such measures as they may adopt for the prevention of the disease; (6) by advocating the enactment of appropriate laws for the prevention of the disease; (7) by such other methods as the Society may from time to time adopt."

Summary of work done in 1907: (1) The county officials were induced to build two shacks as the nucleus of a fully equipped tuberculosis hospital. (2) A dispensary was conducted, treating 328 patients. (3) A summer camp was maintained at which 44 patients were cared for. (4) The two nurses of the Society visited 3679 homes, distributing milk, eggs, and other necessities. (5) Over 7000 sputum cups and 15,000 leaflets were distributed, and 1500 bulletins were posted. (6) A Clean City League of 1200 boys was established. (7) Eight classes of girls for domestic education and cleanliness were conducted.

DAYTON

The Tuberculosis Society of Dayton (March 16, 1908):

President: Hon. O. B. Brown.

Secretary: William Werthner.

Objects: "The object of the Tuberculosis Society of Dayton is distinctly protective and educational."

The Society has already in the few months of its existence distributed a large amount of literature. A tract of land has been donated to the Society, upon which it will erect several tuberculosis cottages.

LORAIN

The Anti-Tuberculosis League of Lorain County (July, 1908):

The definite organization of this association has not yet been perfected (August 1, 1908), but a large amount of interest has been aroused and a permanent organization will be completed.

YOUNGSTOWN

Youngstown Anti-Tuberculosis Society:

President: Dr. H. E. Welch.

ASSOCIATIONS

OHIO, OKLAHOMA, PENNSYLVANIA

Secretary: Dr. C. R. Clark.

Objects: The dissemination of knowledge of tuberculosis and the securing of better accommodations for those sick with the disease.

The Society has succeeded in having a hospital of fourteen beds for indigent cases erected at the county almshouse. The local relief work is in charge of the Visiting Nurse Association.

OKLAHOMA

OKLAHOMA CITY

Oklahoma City Anti-Tubercular League (June 15, 1908):

President: Dr. Lea A. Riely.

Secretary: Miss Elizabeth O'Donnell.

PENNSYLVANIA

STATE ASSOCIATION

Pennsylvania Society for the Prevention of Tuberculosis (1892):

Business Headquarters: Room 52, DeLong Building, 13th and Chestnut Streets, Philadelphia.

Executive Secretary: Wallace Hatch.

Objects: "To combat and prevent tuberculosis by means of investigation, education, and coöperation. The Society is ready to organize branch associations; to conduct talks and lectures wherever audiences may be gathered; to distribute circulars of instruction wherever needed; to labor with citizens, organizations, officials, and legislative bodies in securing needed legislation for combating and preventing this disease; to coöperate with individuals, societies, etc., in disseminating information concerning opportunities for care and cure of patients, establishing tuberculosis classes; and in securing employment for arrested and instructed patients."

This was the first association for the prevention of tuberculosis to be organized in the United States.

Summary of work done in 1907-08:

1. A bureau of information for the benefit of tuberculous patients, institutions, and all interested in the care of consumptives was established and is in constant use at the office of the Society. This furnishes information for Philadelphia and vicinity and is being extended to cover the State.

2. A tuberculosis exhibit, the most important factor in educating the community, was gathered. This exhibit is the center for educational and preventive work throughout the State of Pennsylvania. It was attended by 50,000 people at the opening in Philadelphia and has since been shown in thirteen additional cities throughout the State. The attendance for the first season was 153,226.

3. An educational campaign was conducted by means of lectures, the distribution of circulars, and special notices. Four hundred and fifty-three lectures were delivered and 163,000 circulars of instruction distributed during the year.

4. An employment exchange for the benefit of arrested and convalescent cases was established. Efforts are made to secure outdoor labor not only for those who apply to this office, but also for patients just leaving institutions throughout the State.

5. Tuberculosis classes, intended to give treatment to patients living at home, have been organized in several churches.

6. Anti-tuberculosis societies were organized in Allentown, Easton, Hazelton, Lancaster, Oxford, and Pottsville. These branch societies coöperate in the State work.

ALLENTOWN**Allentown Branch of Pennsylvania Society for the Prevention of Tuberculosis (May 15, 1908):**

President: Dr. W. H. Hartzell.

Secretary: Dr. J. Treichler Butz.

Objects: "The prevention and cure of tuberculosis by instructing the public with lectures, dispensaries, in public schools and elsewhere."

The main work of the Society so far has been along the line of coöperation with the State Dispensary at Allentown.

EASTON

The Easton Branch of the Pennsylvania Society for the Prevention of Tuberculosis (March 9, 1908):

President: Dr. E. M. Green, 218 Ferry Street.

Objects: To carry on a crusade against tuberculosis in the city of Easton by education of the public, by aiding the needy consumptives, and by securing better laws.

The Association's main work has been in coöperation with the State Dispensary.

HARRISBURG

The Anti-Tuberculosis Society of Harrisburg and Vicinity (1905):

President: Charles A. Kimkel.

Secretary: Dr. J. W. Ellenberger.

Objects: "To prevent tuberculosis, and to aid those suffering from this disease."

The Society conducted a dispensary for about a year until the State Dispensary opened in March, 1908. Posters have been put up in the factories; and much educational work has been done through the newspapers, circulars, and lectures. The Society has paid for the treatment of a large number of patients in sanatoria and hospitals.

HAZELTON

Hazleton Society for the Prevention of Tuberculosis (May 9, 1908):

Business Headquarters: Rooms 7 and 8, Glover Building.

President: Prof. David A. Harman.

Secretary and Treasurer: Dr. W. L. Hutchison.

Objects: "The Prevention of Tuberculosis."

LANCASTER

Lancaster Association for the Prevention of Tuberculosis
(May, 1908):

President: Richard M. Reilly.

Secretary: Mrs. Albert K. Hostetter.

OXFORD

Oxford Association for the Prevention of Tuberculosis (May,
1908):

President: Rev. C. B. Cross.

Secretary: Mrs. F. J. Lyons.

PHILADELPHIA

**The Henry Phipps Institute for the Study, Treatment, and
Prevention of Tuberculosis** (February 1, 1903):

Business Headquarters: 238 Pine Street.

President and Medical Director: Dr. Lawrence F. Flick.

Objects: "The study of the cause, treatment, and prevention of
tuberculosis; the dissemination of knowledge on these subjects;
and the treatment and care of consumptives."

The Institute was founded and is supported by Mr. Henry Phipps,
of New York. The Institute conducts a hospital of fifty-two beds in
which 261 patients were cared for in 1907. A dispensary, which is
conducted by the Institute, treated 1214 cases in 1907. There are three
nurses in service in the dispensary and thirteen in the hospital. In
addition to the hospital and dispensary, the Institute also conducts a
laboratory, with a chief pathologist and bacteriologist, and twenty
assistants; and an educational department with a competent staff of
lecturers and workers.

PITTSBURG

The Tuberculosis League of Pittsburg (May 14, 1908):

President: Otis H. Childs.

Secretary: J. M. Jenkinson.

Medical Director: Dr. William Charles White.

Objects: To coördinate all organizations working for the prevention of tuberculosis; to carry on a campaign of education and legislation against the disease; and to treat needy cases in their homes, in dispensaries, or in sanatoria.

The League is a consolidation of the Pittsburg Sanatorium and the Pittsburg Association for the Prevention of Tuberculosis. The organization of the League, centralizing the campaign against the disease, makes it possible to accomplish the best results.

The League conducts the Tuberculosis Hospital of Pittsburg. The League has two nurses who care for tuberculous cases in their homes, and another who gives short talks on tuberculosis in all the grades of the public schools above the fourth. In addition to this work, the League carries on a careful investigation of conditions affecting tuberculosis in the city, and also a vigorous educational campaign. Under the new organization all the former branches of the work will be enlarged in capacity and scope.

POTTSVILLE

Schuylkill County Branch of the Pennsylvania Society for the Prevention of Tuberculosis (February 28, 1898):

President: Arthur L. Shay.

Secretary: Dr. G. R. S. Corson, 212 W. Market Street, Pottsville.

Objects: The prevention of tuberculosis by education of the people and any other means possible.

READING

Reading Sanatorium for the Treatment of Tuberculosis (1904):

President: Rev. Robert M. Blackburn.

Medical Director: Dr. Fremont W. Frankhauser.

Secretary: Dr. John B. Raser, 611 North 5th Avenue.

Objects: "The care, treatment, and prevention of tuberculosis among the poor."

ASSOCIATIONS

PENNSYLVANIA

The main work of the society has been the treating of patients at home and in a dispensary, which is now merged into the State Dispensary. The society was originally formed to erect a sanatorium, and it hopes in the near future to attain this end. The society, for the present is maintaining patients as pay patients at White Haven Sanatorium.

SCRANTON

Scranton Society for the Prevention and Cure of Consumption
(January 26, 1903):

Secretary: Dr. J. M. Wainright, 436 Wyoming Avenue.

Objects: To provide facilities for the treatment of the consumptives of Scranton, whether in a sanatorium or at a dispensary or in their homes; and to educate the public by circulars and newspaper articles.

The Society maintains a sanatorium at which it treated seventy patients in 1907.

WILKES-BARRE

The Wyoming Valley Society for the Prevention and Treatment of Tuberculosis (July 6, 1906):

Business Headquarters: 56 South Pennsylvania Avenue.

President: Maj. Irving A. Stearns.

Secretary: Dr. Charles H. Miner.

Objects: "To establish a free dispensary in Wilkes-Barre, and to employ a nurse, trained for this special work, to assist in the work of the dispensary; to secure as large a membership as is possible and to enlist the interest and coöperation of all county, city, borough, and township officials, of all benevolent, religious, and labor organizations; to educate the public in methods of prevention, (a) by promulgating the doctrine of the contagiousness of the disease, (b) by instructing the public in practical methods of avoidance and prevention, (c) by advocating the enactment of appropriate laws for the prevention of the disease, (d) by such other methods as the Society may adopt from time to time."

The Society works throughout the county of Luzerne and coöperates with White Haven Sanatorium and the State Association. The Society conducted a dispensary up to July 23, 1907, when it turned over its entire plant to the State, and it now is State Tuberculosis Dispensary No. 1. Since the State took control, the Society has paid for one visiting nurse, helped care for patients, and maintained eighty patients at different sanatoria. The Society is planning to broaden out its work in the future.

WILKINSBURG

Anti-Tuberculosis League of Wilkinsburg (February, 1908):

Chairman: Dr. A. D. Varner.

Secretary: S. H. Jackson.

Objects: "To care for indigent tuberculous patients; and to teach the cure and prevention of the disease."

The League was organized by the women of the Philanthropic Society of Wilkinsburg. By a house-to-house canvass the League secured over seven hundred contributing members, and at the same time spread a large amount of information concerning tuberculosis. The League has secured the passage of an anti-spitting ordinance and has persuaded the health authorities to fumigate infected premises. Considerable relief work is also done, and a committee of twenty prominent citizens has been organized to plan for an educational campaign.

PHILIPPINE ISLANDS

At the annual meeting of the Philippine Islands Medical Association, held February 29 to March 4, 1908, a committee, consisting of Drs. Richard P. Strong and Harry T. Marshall, of Manila, was appointed to confer with the National Association for the Study and Prevention of Tuberculosis with the object of starting an effective propaganda in the Philippine Islands. This committee has done much good through the publication of newspaper articles in English, Spanish, and Tagalog.

PORTO RICO

STATE ASSOCIATION

Anti-Tuberculosis League of Porto Rico (March 31, 1906):

President: Miss Acacia G. del Arroyo, San Juan.

Objects: "First, The foundation and support of a sanatorium and dispensary for the treatment of tuberculous patients. Second, The education of the public in the best methods to prevent the spread of tuberculosis."

The League opened a sanatorium on April 1, 1907, with the assistance of the Insular Government and the municipality of San Juan. More than twenty educational lectures were given during the year 1907, and several thousand circulars, printed in Spanish, were distributed throughout the island. The League embraces in its large membership the most prominent people in the island, and has secured the coöperation and assistance of many organizations in the island.

RHODE ISLAND

STATE ASSOCIATION

Rhode Island Anti-Tuberculosis Association (September 30, 1907):

Business Headquarters: 343 Butler Exchange, Providence.

Secretary: Ernest D. Easton.

Objects: "(a) Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis; (b) investigation of the prevalence of tuberculosis in Rhode Island, and the collecting and publishing of useful information; (c) securing of proper legislation for the relief and prevention of tuberculosis; (d) coöperation with the public authorities (State and local Boards of Health), the National Association for the Study and Prevention of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease; (e) promotion of the organization and the work of local societies in all parts of Rhode Island; (f) encouragement of adequate

provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise.

The Association has given a large number of lectures throughout the State and has organized two local associations. Besides this, a large amount of educational work has been done by circulars and through the coöperation of the press.

NEWPORT

Newport Association for the Relief and Prevention of Tuberculosis (March 19, 1904):

Business Headquarters: 201 Thames Street.

Secretary: Miss Sara E. Coates.

Objects: "(a) The relief of tuberculosis in all its forms and relations; (b) the disseminating of knowledge concerning the causes, treatment, and prevention of tuberculosis; (c) the encouragement of prevention and scientific treatment of tuberculosis."

During the year 1907 the work of the Association was developed along ten different lines:

1. Registration at the office of cases and of houses in which tuberculosis is found, including maps of the city showing localities where the disease most frequently occurs.
2. Coöperation with the Board of Health for the disinfection of all houses in which there has been a death due to tuberculosis or from which there has been the removal of a tuberculous patient.
3. Supervision of all patients who must be kept in their own homes, as far as possible, including visiting nurse.
4. The use of a house, holding two families, with yard and sleeping piazza, which is available for patients in need of improved living conditions.
5. Free distribution of sputum cups and instructions in the care of the sputum in order to prevent infection.
6. Sanatorium treatment provided wholly or in part at the expense of the Association for thirty-two cases.
7. Literature distributed wherever possible, including special leaflets

ASSOCIATIONS

RHODE ISLAND

to school-children through the public schools, and to the mothers through the Mothers' Meetings conducted by the Civic League.

8. Medical examination of children in families where there is a tuberculous history, resulting in the discovery of three cases in the incipient and curable stage.

9. Agitation for clean, pure milk.

10. The general educational movement.

PAWTUCKET

Society for the Relief and Control of Tuberculosis in Pawtucket and Vicinity (May 1, 1908):

Business Headquarters: 320 Masonic Building.

President: Howard W. Fitz.

Secretary: Howard L. Udell.

Within a month after its organization the Society put a visiting nurse in the field. Patients are treated at home or in the State Sanatorium.

PROVIDENCE

League for the Suppression of Tuberculosis (November, 1906):

Business Headquarters: 332 Butler Exchange.

Secretary: James Minnick.

Objects: "To educate the community as to the nature of tuberculosis; how patients having the disease should be cared for; how those who have not the disease can protect themselves against it; to employ nurses to take care of people in their own homes who cannot be cared for elsewhere; to supply all material relief in a family where there is tuberculosis; to render whatever service in a tuberculous family that is necessary to give, that is not provided by any other society in the city."

During the year 1907 many lectures were given in schools, churches, and clubs; two exhibits, those of the National Association and of the Boston Association, were held, with an attendance of 30,000. The League employs three nurses, whose work is supervised by a Relief Committee, which meets every two weeks. A day camp was opened

ASSOCIATIONS

RHODE ISLAND, TENNESSEE

by the League in the summer of 1908. The most interesting recent feature of the League's work is the securing of a "Fresh-air School" for Providence.

SOUTH KINGSTOWN

South Kingstown Health League (February 6, 1905):

Secretary: B. E. Helme.

Chairman of Executive Committee: Mrs. R. G. Hazard.

Objects: "To promote health in South Kingstown, and, in especial, to study the subjects of tuberculosis in this town; to inform public opinion as to its causes and prevention, and to arouse a general interest in securing adequate provision for the proper care of tuberculosis patients in their homes and in hospitals and sanatoria."

The League has devoted itself mainly to educational and relief work. In the former field considerable good has been accomplished among the factory employees.

WOONSOCKET

The Woonsocket Anti-Tuberculosis Association (April 2, 1908):

President: John W. Cass.

Secretary: C. W. Palmer.

The society has started a campaign of education among the factory employees and will secure a visiting nurse to conduct the relief work.

TENNESSEE

BRISTOL

Bristol Anti-Tuberculosis League (April 30, 1908):

Secretary: Rev. K. Y. Umberger.

President: Dr. John H. Caldwell.

Objects: "Prevention of the spread of tuberculosis, and improvement of sanitary conditions."

ASSOCIATIONS

TENNESSEE, VERMONT

KNOXVILLE

Knoxville Association for the Prevention and Relief of Tuberculosis (June 10, 1908):

President: Dr. H. P. Coile.

Secretary: Dr. Cawood Carmichael.

The Association started with a membership of about two hundred.

NASHVILLE

Nashville Anti-Consumption League (June 30, 1906):

President: W. C. Collier.

Secretary: Charles H. Eastman.

The League, during the spring of 1908, aroused a large amount of interest through the exhibit of the National Association for the Study and Prevention of Tuberculosis. The city officials were prevailed upon to erect a municipal hospital. By the coöperation of the various civic bodies of the city much educational and relief work is done.

SMITHVILLE

Smithville Anti-Tuberculosis League (May, 1907):

President: Dr. Thomas J. Potter.

Secretary: Eugene Hendon.

VERMONT

STATE ASSOCIATION

The Vermont State Anti-Tuberculosis Society (1906):

President: Dr. W. N. Bryant, Ludlow.

Secretary: Redfield Proctor, Proctor.

The Association has done very little more than to hold its annual meetings and re-elect its officers. The anti-tuberculosis campaign in Vermont is carried on largely through the Vermont State Tuberculosis Commission, which was first created by an act of the Legislature in

1902, and which has since been regularly continued. This Commission holds public meetings and coöperates with other State and private bodies in educating the public along anti-tuberculosis lines.

VIRGINIA

DANVILLE

Anti-Tuberculosis League of Danville (1907):

President: Dr. E. P. Beadles.

Secretary: W. H. Davis.

LYNCHBURG

Tuberculosis League of Lynchburg (1908):

President: Mosby G. Perrow, Ph.D.

Secretary and Treasurer: Frank Hall.

NORFOLK

Anti-Tuberculosis League of Norfolk (1906):

Secretary-Treasurer: Dr. Charles R. Grandy, 101 Freemason Street.

Objects: "The prevention, treatment, and cure of tuberculosis, and for these objects to establish and maintain hospitals, infirmaries, or sanatoria for the treatment of patients."

The League assisted materially in securing a State law compelling the segregation of indigent and delinquent consumptives in institutions. Through the efforts of the League the Norfolk Board of Health secured a registration and fumigation ordinance. The League conducts a free dispensary and also carries on an educational campaign.

PETERSBURG

The Anti-Tuberculosis League of Petersburg (March 6, 1908):

President: W. R. McKenney.

ASSOCIATIONS

VIRGINIA, WASHINGTON

Secretary and Treasurer: S. W. Venable.

Objects: "(1) The prevention and cure of tuberculosis. (2) The establishment and maintenance of hospitals, sanatoria, infirmaries, or dispensaries for the treatment of patients having tuberculosis. (3) The general dissemination of knowledge of the modern methods of prevention and cure of the disease."

The League will erect a hospital for tuberculosis in the suburbs of Petersburg. A canvass for a site for this institution was the first work undertaken by the League.

WASHINGTON

STATE ASSOCIATION

The Washington Association for the Prevention and Relief of Tuberculosis (September 12, 1906):

President: Dr. C. A. Smith.

Secretary: Dr. William R. M. Kellogg, 717-18 Alaska Building, Seattle.

Objects: (1) To obtain a large and intelligent membership, and thus to spread the idea that tuberculosis is communicable, preventable, and curable. (2) To secure the enforcement of existing laws on tuberculosis and to further new legislation on this subject.

The Association commenced to publish a paper in May, 1908, called "The Pacific Coast Journal of Tuberculosis." Through this medium a large amount of educational work is done. Through the benefactions of the late Miss Loretta Denney, the Association will erect a tuberculosis hospital near Seattle.

EVERETT

Snohomish County Association for the Study and Prevention of Tuberculosis (1908):

President: W. C. Cox.

Secretary: Elmer E. Johnston.

ASSOCIATIONS

WASHINGTON, WISCONSIN, CANADA

The campaign of the association has been largely educational. Three thousand copies of a pamphlet on tuberculosis were distributed to pupils and teachers in the schools, and, besides this, considerable interest was awakened by reports in the press and by meetings.

WISCONSIN

STATE ASSOCIATION

The Wisconsin Society for the Study and Prevention of Tuberculosis (June 26, 1908):

President: Dr. Mazyck P. Ravenel.

Secretary: Dr. Hoyt E. Dearholt, 314 Goldsmith Building, Milwaukee.

This society will be permanently organized after the meeting of the International Congress on Tuberculosis. It will supersede the State Committee of that organization.

MILWAUKEE

Tuberculosis Commission of the Medical Society of Milwaukee County (April, 1905):

Secretary: Dr. E. A. Smith.

This Commission, appointed by the County Medical Society, has served Milwaukee in the capacity of a local association for three years. It has conducted a comprehensive educational campaign by exhibits, literature, and lectures; has secured a sanatorium for Milwaukee County; and has aroused general interest throughout the State by preparing an exhibit for the International Congress on Tuberculosis.

CANADA

NATIONAL ASSOCIATION

The Canadian Association for the Prevention of Consumption and other Forms of Tuberculosis (March, 1901):

Headquarters: 102 Bank Street, Ottawa.

Secretary: Rev. William Moore, D.D.

ASSOCIATIONS

CANADA

Objects: "To prevent the prevalence of consumption and other forms of tuberculosis in Canada: (1) By enlisting the coöperation of the people generally with the medical profession, and by increasing the interest in means for lessening the ravages of the disease; (2) by investigation into the prevalence of tuberculosis in Canada, and by collecting and publishing useful information; (3) by advocating the enactment of appropriate laws for the prevention of the disease; (4) by coöperating with governments and other organizations in measures adopted for the prevention of the disease; (5) by promoting the organization and work of provincial associations and their affiliation with the Canadian association; (6) by encouraging all concerned to provide suitable accommodation for consumptives, in hospitals, sanatoria, and otherwise; (7) by such other methods as the Association may from time to time adopt."

During the year 1907 the Association has been organizing movements in the west and northwest. Circular letters were sent out also to all inspectors of schools, teachers, and other school officials, making an aggregate of over 2,500,000 pages of literature distributed, or nearly 6,000,000 pages distributed down to 1908.

The Association is supported by membership fees and grant of the Dominion government.

National Sanatorium Association:

Business Headquarters: 347 King Street, W., Toronto.

Secretary-Treasurer: J. S. Robertson.

Objects: To establish and conduct sanatoria and to prevent tuberculosis by education.

The Association conducts two sanatoria and two free hospitals for tuberculous patients. Besides this work, the Association employs a field secretary, who lectures on tuberculosis.

A large amount of literature is also distributed throughout the Dominion.

PROVINCIAL ASSOCIATIONS

British Columbia Anti-Tuberculosis Society (1904):

Secretary: Dr. C. J. Fagan, Victoria.

Objects: To treat and prevent consumption in every possible way.

The Society was incorporated during the year 1907, and later purchased for \$58,000 a tract of 600 acres at Kamloops, upon which it has established the nucleus of a fully equipped sanatorium and hospital. A large amount of official and private interest has been enlisted in the work. The provincial government makes a regular appropriation to the Society at the rate of 50 cents per capita per diem for the patients treated by the Society. The municipalities of the province contribute on the basis of \$30 per thousand of population. The Society secured the passage of a resolution on February 12, 1908, by which all general hospitals in receipt of public funds are obliged to adopt measures to care for persons suffering from tuberculosis in advanced stages.

By a resolution adopted in June, 1908, the Society decided to expend \$75,000 in the erection of a hospital for advanced cases. A site for this institution has not yet been chosen.

Branch Societies have been established in the following cities: Victoria, Vancouver, New Westminster, Nelson, Nanaimo, Ladysmith, Cumberland, Rossland, Kamloops, Duncans, Mission City, Trail, Greenwood, Penticton, Revelstoke, Cranbrook, Fernie, Grand Forks, Vernon, Kelowna, Armstrong, and Salt Spring Island.

The aims and objects of these Societies are: "(1) To collect money for the support in whole or in part of indigent patients. (2) To study the interests of local consumptives. (3) To interest local school authorities in the teaching of health matters, with special reference to consumption. (4) To urge the expediency of municipal aid and to use all possible influence with local authorities for the enforcement of certain health laws, especially those against promiscuous spitting. (5) To invite the coöperation of teachers and ministers of religion in the anti-tuberculosis movement; and to ask that on one Sunday in each year the subject of tuberculosis be referred to by ministers in addressing their various congregations."

TRURO (N. S.)

Colchester County Association for the Prevention of Tuberculosis (January, 1905):

President: J. B. Calkin.

Secretary: Dr. Smith L. Walker.

Objects: "To disseminate knowledge regarding how tuberculosis is contracted and how it is prevented—a general campaign of education."

During the year 1907 the Association distributed 250,000 pages of reading-matter in over one thousand homes of the county. Lectures were given in schools and before other bodies throughout the county. The Municipal Council of Truro was persuaded to hire a visiting nurse for tuberculous patients. Through the efforts of the Association, tuberculosis was placed in the list of diseases to be reported in January, 1908. The Association is supported by its dues and by grants from the county and various town councils.

SHERBROOKE (Quebec)

District of St. Francis League for the Prevention of Tuberculosis (July, 1903):

Secretary: Dr. E. J. Williams, Sherbrooke.

The League has done considerable educational work by lectures and the distribution of circulars. Several advanced cases have been cared for either in institutions or at home.

HAMILTON (Ontario)

Hamilton Health Association (1904):

President: W. D. Long.

Secretary: W. J. Southam.

Objects: The prevention and treatment of tuberculosis.

The Association maintains the Mountain Sanatorium, and conducts also an educational campaign in coöperation with the local health authorities.

MONTREAL (Quebec)

Montreal League for the Prevention of Tuberculosis (December 2, 1902):

Business Headquarters: 189 Dorchester Street.

Secretary: Dr. E. S. Harding.

Assistant Secretary: Miss C. S. Brown.

Visiting Inspector: Maxime Mireault.

Objects: "To create an enlightened public interest regarding tuberculosis; to establish a fuller knowledge of the dangers of, and losses caused by, this disease; and to further the development of all means whereby it may be prevented, or its ravages lessened."

Work done in 1907: Forty-nine patients were sent to the Home for Incurables, thirty-four entirely, or partially, at the cost of the League, at a total cost of \$850.32. Eight patients were sent to the country for various periods. Several patients received pensions for coal, rent, etc. Eight patients were transported, at a cost of \$69. A dispensary was conducted in which 1882 consultations were given. The visiting inspector reported 5140 cases and made 685 disinfections; 27,420 cuspidors and 8564 leaflets were distributed.

OTTAWA (Ontario)

Ottawa Anti-Tuberculosis Association (September, 1904):

Joint Secretaries: George Ross and Ernest Linton.

Objects: "(a) The care of consumptive patients by sending them to Gravenhurst and Weston. (b) House-to-house visitation and instruction by a graduate nurse. (c) Making provision for far advanced cases in Water Street Hospital. (d) As soon as possible the erection of a Relief Home for indigent sufferers in an advanced stage. (e) Such other measures for the prevention and cure of consumption as the Association may deem proper."

The Association has done a large amount of educational work by means of lectures and literature distributed. Several patients have been cared for in near-by hospitals. The Association is working to secure first a small municipal hospital within the city limits for advanced cases, and later to erect a larger institution outside of the city for this same class of patients.

TYPICAL FORMS OF ORGANIZATION OF ASSOCIATIONS IN THE UNITED STATES

The following constitutions and by-laws of different kinds of associations in the United States are given as types from which those who are organizing new societies may receive suggestions.

CONSTITUTION AND BY-LAWS OF THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

Constitution

ARTICLE I.—NAME

The name of this Society shall be **THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS**.

ARTICLE II.—OBJECTS

The objects of the Association shall be: (a) the study of tuberculosis in all its forms and relations; (b) the dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis; (c) the encouragement of the prevention and scientific treatment of tuberculosis.

ARTICLE III.—MEETINGS

The meetings shall be held at such times and in such places as may be directed under the By-Laws.

By-Laws

ARTICLE I.—MEMBERSHIP

This Association shall consist of three classes of members: (a) Members; (b) Life Members; (c) Honorary Members.

(a) Those persons who participated in the organization of the Association at the meeting in Philadelphia on March 28th, 1904, and such persons as shall from time to time be elected by the Board of Directors shall be Members so long as they comply with the provisions of the By-Laws. The dues of Members shall be Five Dollars (\$5) a year.

(b) Members may become Life Members upon the payment of Two Hundred Dollars (\$200).

(c) Persons distinguished for original researches relating to tuberculosis, or eminent as sanitarians, or as philanthropists who have given material aid in the Study and Prevention of Tuberculosis may be elected Honorary Members.

ARTICLE II.—BOARD OF DIRECTORS

SECTION 1. The Association shall, at its first meeting, elect a board of thirty directors, divided into five groups of six each to serve one, two, three, four and five years, the duration of office to be determined by lot; thereafter, retiring directors, who have served a full term of five years, shall not be eligible for reelection the year of retirement, provided, however, that this restriction shall not apply to the secretary or treasurer.

The Board of Directors may hereafter, at the annual meeting or at a special meeting of the Association, be increased to at least sixty, the additional members to be divided into groups in accordance with the provisions of the preceding paragraph of this section and subject to the same restrictions. It is furthermore provided that at least one-third of the total membership of the Board shall consist of laymen. At annual meetings succeeding the increase of the Board of Directors to a membership of sixty, twelve directors shall be elected for terms of five years, or, in case of vacancies in any of the groups, for such unexpired terms.

SEC. 2. The Board of Directors shall make its own rules; the government of the Association, the planning of work, the arrangement for meetings and congresses, and all other matters appertaining to legislation and direction shall be in its hands; committees shall have the power to execute only what is directed by the Board.

ARTICLE III.—ELECTION OF OFFICERS

The Board of Directors shall annually elect from its own number a President, two Vice-Presidents, a Secretary and a Treasurer, who shall be the officers of the Association as well as of the Board.

ARTICLE IV.—COMMITTEES

SECTION 1. The Board of Directors shall appoint an Executive Committee of seven directors, of which the President and the Secretary shall be members *ex officio*, to which shall be entrusted all the executive work of the Association.

SEC. 2. The Board of Directors is empowered to appoint representatives on the International Committee on Tuberculosis; it shall also from time to time appoint such committees as may be necessary for scientific and educational work, and for the holding of meetings and congresses.

ARTICLE V.—QUORUM

Seven Directors shall constitute a quorum of the Board of Directors.

ARTICLE VI.—MEETINGS

There shall be at least one stated annual meeting of the Association at a time and place to be fixed by the Board of Directors. Other meetings of the Association may be called by the Board at such times as it shall deem proper. The Executive Committee shall hold stated and other meetings as may be directed by the rules of the Board of Directors.

ARTICLE VII.—MONEYS

The moneys received from membership dues and from all other sources shall be used for defraying the expenses of the Association, and for furthering its objects under the direction of the Board of Directors.

ARTICLE VIII.—AMENDMENT OF CONSTITUTION

Propositions to amend the Constitution may be presented in writing at any meeting of the Board of Directors or of the Association; they shall be then referred to the Board of Directors for consideration and report. The Board of Directors shall report all propositions for amendment, whether submitted to it originally or by reference, at the meeting of the Association next following, when action may be taken; *provided, however*, that no proposition for amendment shall be voted upon within thirty days after its presentation, or without at least twenty days' notice of the meeting at which it is to come up for consideration, which notice shall set forth the proposed amendment in full. An affirmative vote of two-thirds the members present shall be required for adoption.

ARTICLE IX.—AMENDMENT OF BY-LAWS

By-Laws may be amended in the same manner as the Constitution or by a two-thirds vote of the members present at a meeting of the Board of Directors, provided that in the latter case the proposition to amend has been presented in writing at a previous meeting of the Association, or of the Board of Directors, and that subsequently to such presentation twenty days' notice in writing has been given of the proposed amendment in the call for the meeting.

ARTICLE X.—ADVISORY COUNCIL

The Advisory Council of the National Association for the Study and Prevention of Tuberculosis shall consist of:

First. Directors of the Association.

Second. Officers or representatives appointed by various recognized State associations for the prevention of tuberculosis, such representatives being required to qualify as members of the National Association, the number in any case not to exceed five.

Third. Officers or representatives of various recognized local or municipal associations for the prevention of tuberculosis, such representatives being required to qualify as members of the National Association, the number in any case not to exceed three.

Fourth. A member of the medical staff of every public hospital or sanatorium for the exclusive care of tuberculous patients, such member to be designated by the board of trustees or other authorities of the hospital or sanatorium, such representative being required to qualify as a member of the National Association.

Fifth. A representative from the board of trustees or other executive authorities of approved hospitals or sanatoria for the exclusive care of tuberculous patients, such representative being required to qualify as a member of the National Association.

Sixth. Representatives of recognized, incorporated charitable societies or associations, such representatives being required to qualify as members of the National Association, the number in any case not to exceed three.

Seventh. The president or medical officer of the Health Department of any State or any city with a population of more than twenty thousand may become *ex officio* a member of the Advisory Council during his term of office.

The Advisory Council shall meet at the time of the annual meeting of the Association, and at such other times as it may be called together by the Directors or the President of the National Association. During the meetings of the National Association the Advisory Council

ASSOCIATIONS

FORMS OF ORGANIZATION

shall have regular stated meetings at which members of the Council may bring up for discussion, or may present papers, which have been approved, bearing on the administrative control of tuberculosis, the management of hospitals and sanatoria, may make recommendations to the Board of Directors with regard to the conduct of the National Association, and other related subjects.

CONSTITUTION AND BY-LAWS OF THE NEW JERSEY ASSOCIATION FOR THE PREVENTION AND RELIEF OF TUBERCULOSIS

Constitution

ARTICLE I

The name of this Society shall be THE NEW JERSEY ASSOCIATION FOR THE PREVENTION AND RELIEF OF TUBERCULOSIS.

ARTICLE II

The objects of the Association are:

1. Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis.
2. Investigation of the prevalence of tuberculosis in the State of New Jersey and the collecting and publishing of useful information.
3. Securing of proper legislation for the relief and prevention of tuberculosis.
4. Coöperation with the public authorities, State and local Boards of Health, the National Association for the Study and Prevention of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease.
5. Promotion of the organization and work of local societies in all parts of New Jersey.
6. Encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise.

ARTICLE III

The meetings of the Association shall be held at such times and such places as may be directed under the By-Laws.

ARTICLE IV.—AMENDMENT OF CONSTITUTION

Propositions to amend the Constitution may be presented in writing at any meeting of the Board of Directors or of the Association. They shall then be referred to the Board of Directors for consideration and report. The Board of Directors shall report such proposition for amendment at the next meeting of the Association when action may be taken; provided, however, that no proposition for amendment shall be voted upon without at least thirty days' notice of the meeting at which it is to come up for action, which notice shall be sent to each member and shall set forth the proposed amendment in full. An affirmative vote of two-thirds of the members present at such meeting of the Association shall be required for adoption.

ARTICLE V

The names and residences of the incorporators are:

By-Laws

ARTICLE I.—MEMBERSHIP

This Association shall consist of three classes of members: (a) Members; (b) Life Members; (c) Patrons.

(a) Members shall be elected by the Board of Directors and shall be considered members so long as they comply with the provisions of the By-Laws. All persons interested in the objects of the Association shall be eligible to membership. The dues of members shall be \$1.00 per year.

(b) Members may become Life Members upon payment at one time of twenty-five dollars.

(c) Persons paying at one time two hundred or more dollars into the treasury of the Association may be elected patrons and shall have all the privileges of members without the payment of dues.

ARTICLE II.—BOARD OF DIRECTORS

SECTION 1. The Board of Directors shall consist of thirty members elected by the Association. The Board shall be divided into five groups of six each, to serve one, two, three, four, and five years respectively, the duration of office of the members of the first Board of Directors to be determined by lot. At each succeeding annual meeting of the Association six Directors shall be elected for terms of five years, and in case of vacancies in any of the groups Directors shall be elected for such unexpired terms.

SEC. 2. The Board of Directors shall make its own rules. The government of the Association, the planning of work, arrangement of meetings, the expenditure of moneys, and all other matters pertaining to direction shall be in the hands of the Board to execute.

ARTICLE III.—ELECTION OF OFFICERS

The Board of Directors shall elect annually from its own number a president, two vice-presidents, a secretary, and a treasurer, who shall be the officers of the Association as well as of the Board. The Board of Directors may from time to time elect from outside its number such honorary vice-presidents of the Association as it may deem proper.

ARTICLE IV.—EXECUTIVE COMMITTEE

The Board of Directors shall appoint annually an Executive Committee consisting of the President and Secretary, *ex officio*, and of five other members of the Board, and to this Committee shall be entrusted all the executive work of the Association.

ARTICLE V.—QUORUM

Seven directors shall constitute a quorum of the Board of Directors.

ARTICLE VI.—MEETINGS

There shall be at least one stated annual meeting of the Association, at a time and place to be fixed by the Board of Directors. Other meetings may be called by the Board at such times as it shall deem proper.

ARTICLE VII.—MONEYS

The moneys received from membership dues and from all other sources shall be used for defraying the expenses of the Association and for furthering its objects under the direction of the Board of Directors.

ARTICLE VIII.—AMENDMENT OF BY-LAWS

The By-Laws may be amended by a two-thirds vote of the members present at the annual or a special meeting of the Association or of the Board of Directors; provided, that no proposition for amendment shall be voted upon without at least twenty days' notice of the meeting

of the Association or of the Board of Directors at which it is to come up for action, which notice shall be sent to each member of the Association or of the Board of Directors and shall set forth the proposed amendment in full.

CONSTITUTION AND BY-LAWS OF THE MISSOURI ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS

Constitution

ARTICLE I.—NAME

The name of this organization shall be THE MISSOURI ASSOCIATION FOR THE RELIEF AND CONTROL OF TUBERCULOSIS.

ARTICLE II.—PURPOSES

Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis in the State of Missouri.

Investigation of the prevalence of tuberculosis in the State and the collection and publishing of useful information.

Securing of the proper legislation for the relief and prevention of tuberculosis.

Coöperation with the public authorities (State and local Boards of Health), the National Association for the Study and Prevention of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease.

Promotion of the organization and work of local societies in all parts of the State; encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise.

In general, to do all things and acts having as their object the relief of those afflicted with tuberculosis and the control and prevention of that disease throughout the entire State.

ARTICLE III.—MEETINGS

The meetings shall be held at such times and in such places as may be directed under the By-Laws.

By-Laws**ARTICLE I**

The members of the Association shall be divided into four classes: (a) Member, (b) Sustaining Member, (c) Life Member, (d) Honorary.

MEMBERS

(a) All persons participating in the organization of the Association at the meeting in Jefferson City, May 15th, 1907, shall be entitled, *ipso facto*, to membership in this Association.

(a) All members of the St. Louis Society for the Relief and Prevention of Tuberculosis, and all members of other societies, associations, or organizations in the State of Missouri, now existing or organized later, for the relief of consumptives and prevention of tuberculosis, may be entitled upon enrollment to membership.

(a) All members of the Missouri State Medical Association may be entitled to membership upon enrollment.

(a) Members of the Legislature and all officers of State, county, city, and town governments may be entitled to membership upon enrollment.

(a) All clergymen of all churches and editors of all papers may be entitled to membership upon enrollment.

(a) And all other persons interested in the relief, prevention, and control of tuberculosis may become members upon receiving the majority votes of the Board of Directors of the Association.

SUSTAINING MEMBERS

(b) All persons who may contribute or subscribe not less than \$2.00 annually to further the purpose of this Association are entitled to a sustaining membership.

LIFE MEMBERS

(c) All persons who may contribute or subscribe not less than \$100 to further the purposes of this Association are entitled to a life membership therein.

HONORARY MEMBERS

(d) Persons distinguished for original researches relating to tuberculosis, or eminent as sanitarians, or as philanthropists who have given material aid in the relief, prevention, and control of tuberculosis may be elected honorary members, upon receiving the majority votes of the Board of Directors.

ARTICLE II

The annual meeting of the Association shall be held on such day in May in each year as the President shall appoint, at which meeting

Directors shall be elected for the ensuing year. There shall be a Director for each State representative district. Only the sustaining and life members shall be entitled to vote in person or by proxy.

A nomination committee shall be appointed by the President to submit nominations for the said Directors.

Local associations, societies, committees, or other organizations shall have the right to nominate Directors to represent their respective districts.

ARTICLE III

Special meetings of the Society may be called by the President, or by the request of ten members, by notice mailed to each member at his last known business or residence address not less than ten days prior to the time fixed for said meeting, setting forth the time and place and object of such meeting.

ARTICLE IV

The Board of Directors shall meet within fifteen days after each annual meeting of this Society, at which time they shall elect officers and plan the work for the ensuing year.

ARTICLE V

Meetings of the Board of Directors shall be held as often as may be necessary and may be held on call of the President or of the Executive Committee of the Board.

The Board of Directors shall have power to make all necessary rules and regulations for its own government, to fix the compensation of any officer or employee of the Association, to suspend or remove any officer or employee for neglect of duty or for misconduct, to fill all vacancies of office and have general control of the property and business of the corporation and the power and authority to alter or repeal the By-Laws of the Association.

All vacancies in the Board of Directors shall be filled by the Board for the unexpired time.

Five members shall constitute a quorum of the Board of Directors.

The disbursement of all funds must have the approval of the Board of Directors or of the Executive Committee.

All funds of the Association shall be devoted to such uses as shall be decided upon by the Board of Directors, or by the Executive Committee.

ARTICLE VI

The Executive Committee shall consist of the following: Seven members of the Board of Directors, who shall be elected by the Board at its first meeting after the annual meeting of the Association, the President, and the Secretary.

Three members of the Executive Committee shall constitute a quorum and supervise the affairs of the Society subject to the control of the Board of Directors, and when the Board of Directors is not in session the Executive Committee shall have and exercise all powers of said Board. The Executive Committee may elect its own chairman, who shall preside at all meetings thereof.

ARTICLE VII

The officers of the Association shall be a President, Vice-Presidents, a Secretary, Treasurer, and Councillors, and such other officers as the Board may deem necessary to elect. The Board of Directors shall elect one Vice-President for each Senatorial District and one Councillor for each Congressional District.

ARTICLE VIII

The President's duties shall be those of executive head. He shall preside at all meetings of the Society and of the Board of Directors according to the By-Laws and parliamentary usage.

The Chairman of the Executive Committee shall perform the duties of the President in the absence of that officer. In the absence or disability of the President and Chairman of the Executive Committee, the Vice-President selected by the Executive Committee shall perform the executive duties.

The Secretary shall keep an accurate record of the proceedings of the Association; make all necessary reports and statements of the business of the Association; and shall perform all duties usually performed by the Secretary of a corporation. It shall be the duty of the Secretary of the Association to keep the books of the Association, and enter therein the amounts and source of all money received by the Association, and the amount and designation of all money paid out by the Association.

He shall receive all funds and deposit them in the bank or trust company designated by the Board of Directors, or by the Executive Committee, taking therefor a duplicate deposit receipt, receipted by the receiving teller of said bank or trust company. He shall present this receipted ticket to the Treasurer, who shall enter the total amount so deposited on the debit side of the cash account.

All disbursements of the Association shall be made by check signed by the Treasurer and countersigned by the President, Secretary, or Chairman of the Executive Committee.

The Secretary shall do and perform such other work and things as may be by the Board of Directors, the Executive Committee, and the By-Laws directed and required.

The Treasurer shall keep a cash book in which he shall enter the amount of all funds deposited and the amount of all funds disbursed.

It shall be the duty of the Councillors, Vice-Presidents, and Directors to forward the organization of local societies, associations, and committees for the relief and prevention of tuberculosis in their respective districts.

ARTICLE IX

The Association shall have and adopt a seal, of which the following is an impression:

[SEAL]

ARTICLE X

There shall be the following standing committees to be appointed by the President, on nomination of the Board or Executive Committee, each committee to consist of three or more members and the Secretary of the Association to be secretary of all committees.

Finance Committee: To devise ways and means of securing the funds to carry on the Society's work.

Membership Committee: To secure new members of the Society.

Woman's Auxiliary Committee: To aid and assist the Society in any manner they may deem advisable.

Press and Publicity Committee: To prepare and secure publication in the papers of Missouri of articles designed to educate the public as to the dangers of tuberculosis and the aims and objects of our Society.

Lectures and Public Meetings: To arrange for and have charge of lectures and public meetings, to inform the public as to the dangers of tuberculosis and the aims and objects of our Society.

Literature and Publications: To edit and publish a paper and other publications and literature to inform the public as to the dangers of the disease, and the aims and objects of the Society.

Legislation and Law Enforcement Committee: To secure passage of needed legislation and the enforcement of existing laws designed to stamp out tuberculosis.

The Board of Directors may appoint such other committees as they may deem necessary from time to time.

**CONSTITUTION AND BY-LAWS OF THE RALLS COUNTY
SOCIETY FOR THE PREVENTION OF
TUBERCULOSIS**

Constitution

ARTICLE I.—NAME

The name of this organization shall be **THE RALLS COUNTY SOCIETY FOR THE PREVENTION OF TUBERCULOSIS**.

This Society shall be affiliated with the Missouri Association for the Relief and Control of Tuberculosis, as a member and auxiliary of the Association, and shall be the Ralls County Branch of said organization to carry on its work in said county.

ARTICLE II.—PURPOSES

Dissemination of knowledge concerning the causes, treatment, and prevention of tuberculosis in Ralls County.

Investigation of the prevalence of tuberculosis in the county and the collection and publishing of useful information.

Securing of the proper legislation for the relief and prevention of tuberculosis.

Coöperation with the public authorities (State and local Boards of Health), the National Association for the Study and Prevention of Tuberculosis, the Missouri Association for the Relief and Control of Tuberculosis, medical societies, and other organizations in approved measures adopted for the prevention of the disease.

Promotion of the organization and work of local societies in all parts of the county; encouragement of adequate provision for consumptives by the establishment of sanatoria, hospitals, dispensaries, and otherwise.

In general, to do all things and acts having as their object the relief of those afflicted with tuberculosis and the control and prevention of that disease throughout the entire county.

ARTICLE III.—MEETINGS

The meetings shall be held at such times and in such places as may be directed under the By-Laws.

By-Laws

ARTICLE I.—MEMBERS

The membership of this Society shall be composed of those persons

interested in the relief, prevention, and control of tuberculosis, who shall contribute not less than \$1.00 annually to further the purposes of this organization.

FULL MEMBERSHIP

All persons contributing not less than \$2.00 annually shall be enrolled as members of this organization and as members of the Missouri Association for the Relief and Control of Tuberculosis. Of this amount \$1.00 shall be paid annually to the Missouri Association for the Relief and Control of Tuberculosis, for the contributor's membership therein.

Any persons interested in the relief, prevention, and control of tuberculosis, receiving the majority votes of the Board of Directors, may be enrolled as members.

ARTICLE II

The annual meeting of the Society shall be held on such day in May in each year as the President shall appoint, at which meeting Directors shall be elected for the ensuing year. There shall be one or more Directors from each city or town in the county. The election of Directors shall be by ballot and a majority of the votes cast be necessary to elect.

A nominating committee shall be appointed by the President to submit nominations for the said Directors.

Local associations, societies, committees, or other organizations shall have the right to nominate Directors to represent their respective districts.

ARTICLE III

Special meetings of the Society may be called by the President, or by the request of ten members, by notice mailed to each member at his last known business or residence address not less than five days prior to the time fixed for said meeting, setting forth the time, place, and object of such meeting.

ARTICLE IV

The Board of Directors shall meet within ten days after each annual meeting of this Society, at which time they shall elect a President, Vice-Presidents, Secretary and Treasurer, a Medical Director and Medical Staff, and such other officers as may be deemed advisable and necessary.

ARTICLE V

Meetings of the Board of Directors shall be held as often as may be necessary and may be held on call of the President or of the Executive Committee of the Board.

The Board of Directors shall have the power to make all necessary rules and regulations for its own government, to fix the compensation of any officer or employee of the Society, to suspend or remove any officer or employee for neglect of duty or for misconduct, to fill all vacancies of office and have general control of the property and business of the corporation and the power and authority to alter or repeal the By-Laws of the Society.

All vacancies occurring in the Board of Directors shall be filled by the Board for the unexpired time.

Any officer or director absent for three consecutive regular meetings of the Board of Directors without good excuse may be removed by the Board of Directors from his position in the Board and all offices held by him declared vacant.

Five members shall constitute a quorum of the Board of Directors.

The disbursement of all funds must have the approval of the Board of Directors or of the Executive Committee. All funds of the Association shall be devoted to such uses as shall be decided upon by the Board of Directors or by the Executive Committee.

ARTICLE VI

The Executive Committee shall consist of the following: Four members of the Board of Directors, who shall be elected by the Board at its first meeting after the annual meeting of the Society; the President, the Medical Director, and the Secretary.

Three members of the Executive Committee shall constitute a quorum and supervise the affairs of the Society subject to the control of the Board of Directors, and when the Board of Directors is not in session the Executive Committee shall have and exercise all powers of said Board. The Executive Committee may elect its own Chairman, who shall preside at all meetings thereof.

ARTICLE VII

The President's duties shall be those of executive head. He shall preside at all meetings of the Society and of the Board of Directors according to the By-Laws and parliamentary usage.

The Chairman of the Executive Committee shall perform the duties of the President in the absence of that officer. In the absence or disability of the President and Chairman of the Executive Committee, the Vice-President, selected by the Executive Committee, shall perform the executive duties.

The Secretary shall keep an accurate record of the proceedings of the

Association, make all necessary reports and statements of the business of the Association, and shall perform all duties usually performed by the Secretary of a corporation. It shall be the duty of the Secretary of the Society to keep the books of the Association, and enter therein the amounts and source of all money received by the Association and the amount and designation of all money paid out by the Association.

He shall receive all funds and deposit them in the bank or trust company designated by the Board of Directors, or by the Executive Committee, taking therefor a duplicate deposit ticket, receipted by the receiving teller of said bank or trust company. He shall present this receipted ticket to the Treasurer, who shall enter the total amount so deposited on the debit side of the cash account.

All funds received by the Secretary will be deposited as hereinbefore provided, in the name of the Treasurer, and for the purpose of indorsing all checks he shall have and use a rubber stamp, upon which shall be printed the following:

RAILS COUNTY SOCIETY FOR THE PREVENTION OF TUBERCULOSIS.

.....Treasurer.

All disbursements of the Society shall be made by check signed by the Treasurer and countersigned by the President or Chairman of the Executive Committee.

The Secretary shall do and perform such other acts and things as may be by the Board of Directors, the Executive Committee, and the By-Laws directed and required.

The Treasurer shall keep a cash book in which he shall enter the amount of all funds deposited and the amount of all funds disbursed.

It shall be the duty of Vice-Presidents and Directors to forward and encourage the organization of local societies, associations, and committees for the Relief of Consumptives and Prevention of Tuberculosis, in their respective districts.

ARTICLE VIII

The Society shall have and adopt a seal of which the following is an impression.

[SEAL]

ARTICLE IX

There shall be the following standing committees to be appointed by the President on nomination of the Board or Executive Committee, each committee to consist of three or more members and the Secretary of the Society to be Secretary of all Committees:

Finance Committee: To devise ways and means of securing the funds to carry on the Society's work.

ASSOCIATIONS

FORMS OF ORGANIZATION

Membership Committee: To secure new members of the Society.

Press and Publicity Committee: To prepare and secure publication in the papers of Ralls County of articles designed to educate the public as to the dangers of tuberculosis and the aims and objects of our Society.

Lectures and Public Meetings: To arrange for and have charge of lectures and public meetings, to inform the public as to the dangers of tuberculosis and the aims and objects of our Society.

Literature and Publications: To edit and distribute publications and literature to inform the public as to the dangers of the disease and the aims and objects of the Society.

Legislation and Law Enforcement Committee: To secure the passage of needed legislation and the enforcement of existing laws designed to stamp out tuberculosis.

Dairy Inspection Committee: To coöperate with the authorities in a system of inspection to prevent the sale of the milk of tuberculous cattle.

Medical Staff: To supervise and plan the medical work of the Society. The Medical Director shall be the Chairman of the Committee.

Medical Relief Committee of Visiting Physicians: To be composed of all visiting physicians appointed by the Medical Staff. The Chief Physician shall be Chairman.

Sanatorium Committee: To supervise the Sanatorium maintained by the Society.

Hospital Visitation Committee: To visit hospitals and institutions where consumptives are treated, to encourage, advise and assist them, to coöperate with the management of such institutions in the care of such patients.

The Board of Directors or its Executive Committee may appoint such other committees as may be deemed necessary at any time.

CONSTITUTION AND BY-LAWS OF THE GRAND RAPIDS ANTI-TUBERCULOSIS SOCIETY

Constitution

ARTICLE I

The name of the Society shall be THE GRAND RAPIDS ANTI-TUBERCULOSIS SOCIETY.

ARTICLE II

The object of the Society is to combat the spread of tuberculosis, to better the condition of patients suffering from it, and to promote their recovery.

1. By enlisting the coöperation of the people in general, the medical profession, and nurses in fighting the disease, and preventing the infection of well persons.

2. By investigating the causes of the prevalence of the disease and by collecting and publishing useful statistics.

3. By disseminating information: (a) to those suffering from the disease, as to the best treatment and means of help; (b) to those who come in contact with the disease, as to the prevention of its spread; (c) to the public, as to the subject in general and its bearing on the social life of the community.

4. By advocating the enactment of appropriate laws for the prevention of the disease.

5. By the advancement of movements to provide special hospitals, sanatoria, and dispensaries for consumptives, and also by endeavoring to secure the better care of consumptives in their homes through coöperation with the District Nurses' Association and the Charity Organization Society.

6. By coöperating with the public health authorities, the National Association for the Study and Prevention of Tuberculosis, and other organizations, in measures adopted for the prevention of the disease.

7. By such other methods as the Society may from time to time adopt.

ARTICLE III

The meetings shall be held at such time and in such places as may be directed under the By-Laws.

ARTICLE IV

The names and residences of the incorporators are:

By-Laws

NO. 1.—MEMBERS

SECTION 1. Any person who shall pay one dollar (\$1) or more into the treasury of the Society shall be enrolled as a regular member for the year in which such payment is made.

SEC. 2. Any person who shall pay \$50 or more into the treasury of the Society shall be enrolled as a life member.

No. II.—OFFICERS

There shall be a President, two Vice-Presidents, a Treasurer, a Secretary, an Executive Board of seven members, including the President and Secretary *ex officio*, and an Advisory Board.

No. III.—DUTIES OF OFFICERS

SECTION 1. The President, Vice-Presidents, Secretary, and Treasurer shall perform the customary duties of their respective offices.

SEC. 2. The Executive Board's duties shall be administrative.

SEC. 3. The Advisory Board shall consider and offer recommendations on such questions as shall be brought before it by the Executive Board. The Advisory Board shall consist of the officers, the Executive Board, and members of the regular and special committees.

No. IV.—ELECTION OF OFFICERS

SECTION 1. The regular officers and members of the Executive Board shall be elected by ballot at the annual meeting of the Society.

SEC. 2. All committees shall be appointed by the Executive Board and all vacancies shall be filled by the Executive Board.

No. V.—COMMITTEES

The Executive Board shall appoint such committees as it may deem necessary for the proper carrying on of the work of the Society. The size and membership of each committee shall be determined by the Executive Board.

No. VI.—MEETINGS

SECTION 1. The annual meeting shall be held during the first week of January at a time and place appointed by the Executive Board, due notice to be sent to every member by the Secretary at least ten days before the meeting.

SEC. 2. The Executive Board shall meet immediately after the adjournment of the annual meeting of the Society and at such other times as may be designated by the President and Secretary.

SEC. 3. The Advisory Board shall meet at the call of the Executive Board.

No. VII.—AMENDMENTS

The By-Laws may be amended by a majority vote of those present at any annual meeting, provided that the notice of such proposed amendment shall have been sent to each member with the call of the meeting.

**CONSTITUTION AND BY-LAWS OF THE COLUMBUS
SOCIETY FOR THE PREVENTION AND CURE
OF TUBERCULOSIS**

Constitution

ARTICLE I

The name of this Society shall be THE COLUMBUS SOCIETY FOR THE PREVENTION AND CURE OF TUBERCULOSIS.

ARTICLE II

This Society is formed for the purpose of preventing tuberculosis: (1) by promulgating the doctrine that tuberculosis is a communicable disease; (2) by instructing the public in practical methods of avoidance and prevention; (3) by visiting the consumptive poor and supplying them with the necessary materials with which to protect themselves and others against the disease, and instructing them in their use; (4) by furnishing the consumptive poor with hospital and dispensary treatment; (5) by coöperating with Boards of Health in such measures as they may adopt for the prevention of the disease; (6) by advocating the enactment of appropriate laws for the prevention of the disease; (7) by such other methods as the Society may from time to time adopt.

By-Laws

ARTICLE I.—MEMBERS

SECTION 1. Any person who shall pay \$1.00 or more into the treasury of this Society shall be enrolled as a member for the year in which such payment is made.

SEC. 2. Any person residing beyond the limits of Columbus, whose name shall be presented to the Board of Managers and elected by them may be enrolled as an Associate Member upon the payment of \$5.00 annually.

ARTICLE II.—OFFICERS

SECTION 1. The Officers of this Society shall be a President, three or more Vice-Presidents, a Recording and a Corresponding Secretary, a Treasurer, a Medical Director, and a Board of Managers.

SEC. 2. It shall be the duty of the President to preside at all meetings of the Board of Managers, and shall, unless other order be made, appoint

all committees thereof. In the absence of the President, or in case of vacancy in the office, the powers and duties shall devolve upon the Vice-Presidents in the order of their election.

SEC. 3. The Recording Secretary shall record the minutes of the meetings of the Board of Managers, and of the Society, and shall send notice of the bi-monthly meetings to the members of the Board.

SEC. 4. The Corresponding Secretary shall attend to all the correspondence of the Society, and shall send the notice of the annual meetings to the members.

SEC. 5. The Treasurer shall receive all money, or other property, pay all bills, subject to the order of the President, or of the Board of Managers.

SEC. 6. The Medical Director shall provide for medical attendance at the Dispensary and Camp, and have charge thereof as regards the treatment and care of patients, including visitations at their homes.

SEC. 7. The Board of Managers shall consist of not more than one hundred members, including the officers. It shall have control of the business of the Society and of the expenditure of its funds, except when authorizing the President to audit bills; and it shall appoint such subordinate officers, agents, or nurses as shall be necessary to carry out the work of the Society.

ARTICLE III.—COMMITTEES

SECTION 1. There shall be five, or more, standing committees, as follows:

- Dispensary.
- Educational.
- Sanitary.
- Factories and Workshops.
- Finance.
- Executive Committee.

SEC. 2. It shall be the duty of the Dispensary Committee to provide for all the necessities of the consultation rooms, offices, loan closet and day camp.

SEC. 3. The Educational Committee shall arrange for lectures, and shall prepare and distribute literature for the purpose of warning and teaching the public.

SEC. 4. The Sanitary Committee shall attend to the fumigating and sanitation of the homes of the patients.

SEC. 5. The Factories and Workshops Committee shall attend to the better sanitation of the buildings and the better instruction of the workmen, including change of employment.

ASSOCIATIONS

FORMS OF ORGANIZATION

SEC. 6. The Finance Committee shall provide the necessary means for carrying on the work of the Society.

SEC. 7. It shall be the duty of the Executive Committee to have charge of the executive work of the Board of Managers during the interim between meetings.

SEC. 8. It shall be the duty of each chairman of these committees to attend the meetings of the Board of Managers to report upon the work of his committee. In the event of his absence a member of the committee shall be selected to act in his stead.

ARTICLE IV.—MEETINGS

SECTION 1. The annual meeting of the Society shall be held on the first Wednesday in November.

SEC. 2. The Board of Managers shall meet regularly on the first Wednesday of every second month at 4 o'clock, beginning December the fifth, 1906. Nine members shall constitute a quorum for the transaction of general business.

SEC. 3. The Secretary shall call a special meeting of the Board of Managers at the written request of three members, or by instruction of the President.

ARTICLE V.—ELECTIONS

SECTION 1. All elections shall be by ballot. After the first year the Officers and Board of Managers shall be elected annually at the meeting of the Society in November. All vacancies shall be filled by the Board until the next annual meeting.

ARTICLE VI.—AMENDMENTS AND BY-LAWS

SECTION 1. New By-Laws may be adopted, or amendments made by a majority vote of those present at any regular meeting of the Board of Managers.

**LEGISLATION AFFECTING TUBERCULOSIS
IN THE UNITED STATES,
INCLUDING AN OUTLINE OF THE ACTIVITIES
OF STATE AND LOCAL BOARDS OF
HEALTH**

LEGISLATION AFFECTING TUBERCULOSIS IN THE UNITED STATES, INCLUDING AN OUTLINE OF THE ACTIVITIES OF STATE AND LOCAL BOARDS OF HEALTH

INTRODUCTORY NOTE

In addition to the work of the various private organizations in the campaign against tuberculosis, there is a large amount of official activity, both State and municipal.

The following section details the work that has been done by the different State legislatures in passing laws affecting tuberculosis; the activities of State health departments; the ordinances and regulations adopted by cities of 30,000 population and over; and an outline of the work done by these municipalities. The information concerning State legislation has been procured from the secretaries or other officials connected with the State health departments. The information concerning municipal legislation was secured through correspondence with the various local health officers. Under the sections on State Legislation, the information has been arranged in chronological order so far as possible. Under the sections on Municipal Legislation, a set form has been followed, giving first an account of the anti-spitting ordinance and its enforcement; then with regard to disinfection and distribution of literature, and concluding with an account of other official anti-tuberculosis activities of the city. Where any of these sections has been omitted, it means that there is no record of such activity in the city. The figures in parenthesis after each city indicate the population for 1908 as estimated by the health officer. There are thirty-two cities with a population of over 30,000 out of one hundred and fifty-three circularized from which no information has been received. There are a few cities with a population of less than 30,000 where there is a considerable amount of official anti-tuberculosis activity.

After giving a detailed account of the tuberculosis activity in States and cities, a few laws, both State and municipal, of various kinds are given in full. These laws are printed as examples from which individuals and State or private bodies may receive suggestions in framing bills.

ALABAMA

STATE LEGISLATION

1907.—An act was passed providing for the establishment of a State sanatorium. Forty thousand dollars was appropriated, this money to be made available at the discretion of the Governor, when in his opinion there might be sufficient funds in the treasury. A board of five trustees was appointed in 1908 to select a site and superintend erection of the sanatorium.

1907.—An act was passed naming the diseases to be reported and including tuberculosis in the list.

1908.—Governor Noel, in a message to the Legislature on March 16, 1908, urged the appointment of a State lecturer under the Board of Health to educate the people with regard to tuberculosis.

Dr. W. H. Sanders, Montgomery, State Health Officer.

MUNICIPAL LEGISLATION

Birmingham (65,000)

General anti-spitting ordinance, passed "several years since," is very poorly enforced.

Physicians are required to report cases of tuberculosis by an ordinance of 1904, but reports are very incomplete.

Premises are disinfected at death and removal.

Dr. R. W. Harkness, City Health Officer.

ARIZONA

STATE LEGISLATION

No laws have been passed affecting tuberculosis. The Board of

LEGISLATION

ARIZONA, ARKANSAS, CALIFORNIA

Public Health, which was reorganized in 1907, has made a study of death-rates from tuberculosis.

Dr. J. W. Coleman, Tucson, Secretary Arizona Board of Health.

ARKANSAS

STATE LEGISLATION

There is no State legislation affecting tuberculosis in Arkansas.

Dr. J. P. Sheppard, Little Rock, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Little Rock (55,000)

An ordinance against spitting was passed in 1905, "but very little attention is paid to it."

On June 4, 1906, tuberculosis was included in the list of contagious and infectious diseases to be reported by physicians and householders. The secretary of the Board of Health estimates that about 50 per cent. of the cases are reported.

The ordinance of 1906 required disinfection at death or removal.

Dr. O. K. Judd, 119 Sherman Street, Secretary Board of Health.

CALIFORNIA

STATE LEGISLATION

1904.—A bill appropriating \$150,000 for a State sanatorium passed both houses of the Legislature, but was vetoed by the governor.

1907.—The Legislature passed a law requiring the notification of tuberculosis, but not distinct from other communicable diseases.

1907.—Legislature passed an anti-spitting law.

1907.—Legislature passed an act appropriating \$2,000 for the dissemination of knowledge to prevent the spread of tuberculosis.

Dr. N. K. Foster, Sacramento, Secretary State Board of Health.

MUNICIPAL LEGISLATION**Los Angeles (275,000)**

On December 31, 1896, an ordinance prohibiting spitting in public conveyances, public buildings, and on sidewalks was passed.

"It has not been very well enforced," but has served as a means of education.

In 1902, tuberculosis was made reportable to the Board of Health. It is estimated by the Health Officer that 25 per cent. of the cases are reported.

Premises are disinfected at death and removal.

Printed circulars are distributed by the Board of Health.

The city employs three nurses, who visit all classes of needy patients. This work was started in 1898.

Dr. L. M. Powers, Health Officer.

Oakland (165,000)

On December 7, 1903, an anti-spitting ordinance of 1899 was amended so as to prohibit spitting in any public place. The law is "fairly well enforced," and arrests are occasionally made for its violation.

In October, 1902, tuberculosis was classed with other infectious diseases and made reportable by physicians and householders.

The law is enforced with considerable success.

The Health Department disinfects after cases of death or removal.

Circulars to patients and to physicians are distributed by the health authorities.

Edward N. Ewer, Health Officer.

Sacramento (50,000)

An anti-spitting ordinance, passed several years ago, is "fairly well" enforced.

Notification of tuberculous cases was requested by the Board of Health in 1907. The request is "not very well" observed.

Premises are disinfected only on request.

Dr. H. L. Nichols, Health Officer.

LEGISLATION

CALIFORNIA, COLORADO

San Diego (40,000)

An anti-spitting ordinance, passed in 1907, is "excellently enforced" by the police and health authorities.

A regulation of the Health Department of 1900 requires the reporting of tuberculosis with other infectious diseases. "Reports are not made as exactly as they should be."

Premises are disinfected on notification to the Health Department. The Department makes a free examination of sputum.

Dr. Francis H. Mead, Health Officer.

San Francisco (425,000)

On March 15, 1897, an ordinance prohibiting spitting in public conveyances, on sidewalks, and in public buildings was passed.

In the spring of 1908 a vigorous enforcement of the law was begun.

On October 27, 1903, tuberculosis was classed as an infectious disease and required to be reported. The ordinance is not enforced, however, and the Health Officer says "practically none" is reported.

Premises are disinfected and free examinations of sputum made.

R. G. Brodrick, Health Officer.

COLORADO

STATE LEGISLATION

No legislation affecting tuberculosis has been passed in this State.

The State Board of Health in 1900 issued a circular called "Prevention of Tuberculosis," but even this circular had little spread, owing to the lack of funds to carry on the work.

Dr. Hugh L. Taylor, Denver, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Denver (200,000)

An ordinance prohibiting spitting in public places was passed in 1905. It is not very rigidly enforced.

LEGISLATION

COLORADO, CONNECTICUT

There is no ordinance requiring the reporting of tuberculosis and the disease is not officially recognized as communicable.

Dr. William H. Sharpley, Health Commissioner.

Pueblo (60,000)

On September 11, 1905, an ordinance forbidding spitting in public places was passed. It is fairly well enforced in buildings and on sidewalks, but not in cars and parks.

Tuberculosis is not officially recognized as a communicable disease.

Dr. L. MacLean, Health Officer.

CONNECTICUT

STATE LEGISLATION

1901.—Tuberculosis is reportable, and has been since 1901, but the regulation of the Board of Health which makes this provision is not well enforced. This regulation of the State Board of Health classes tuberculosis with other communicable diseases.

1903.—The Legislature appropriated \$10,000 to the Wildwood Sanatorium and has appropriated, up to 1907, \$55,000 more.

1903.—Twenty-five thousand dollars was appropriated toward the building of Gaylord Farm Sanatorium, and since that time the Legislature has appropriated, up to January 1, 1910, an additional sum of \$25,000 toward the deficit for maintenance.

1907.—The Legislature passed a resolution giving the governor power to appoint a commission of nine to investigate means of preventing or reducing the number of tuberculous cases. This commission will report in 1909. (See page 243.)

1907.—The Tenement House Act of 1907 contains sanitary provisions regarding dwellings affecting the tuberculosis campaign.

Dr. J. H. Townsend, Hartford, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Bridgeport (100,000)

In 1899 an ordinance prohibiting spitting in public places was adopted. It is "fairly well" enforced.

LEGISLATION

CONNECTICUT

On April 23, 1902, an ordinance requiring the reporting of tuberculosis and the disinfection of premises occupied by tuberculous cases was passed. The Health Officer estimates that about one-third of all cases are reported.

The Board of Health distributes circulars.

The Board conducts a small hospital of twenty-four beds.

Dr. E. A. McLellan, Health Officer.

Hartford (103,000)

By an ordinance of February 3, 1906, a fine of \$20 is imposed for spitting in a public place. The law is spasmodically enforced.

Tuberculosis was declared an infectious disease in 1906 and was made reportable to the Board of Health. The Superintendent of Health estimates that between 70 and 80 per cent. of those sick enough to have a doctor are reported.

Premises are disinfected at death and on removal.

Printed circulars are distributed in various ways by the Health Department.

In June, 1908, a commission was appointed by the Mayor to make a systematic investigation of the city and county on matters pertaining to tuberculosis.

Dr. C. P. Botsford, Superintendent of Health.

New Haven (130,000)

In 1905 the anti-spitting ordinance was amended to include all public places. The ordinance is poorly enforced.

In 1905, by a special regulation of the Board of Health, tuberculosis was declared an infectious disease and was made reportable by physicians and householders. The regulation is very poorly enforced, only a small percentage of cases being registered.

Premises are disinfected at death and removal.

The Board of Health distributes circulars to tuberculous cases.

Dr. Frank W. Wright, Health Officer.

DELAWARE**STATE LEGISLATION**

1907.—The Legislature of 1907 passed a law making it a misdemeanor to spit on the floor of a railway car.

1907.—The Delaware Anti-Tuberculosis Society presented a bill for a State sanatorium. A similar bill had failed of passage by one vote in the Senate in 1905. In 1907 the bill was ruled out entirely.

There are no other State laws on tuberculosis in Delaware.

The disease is not reportable.

Dr. Alexander Lowber, Wilmington, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Wilmington (90,000)

A very comprehensive anti-spitting ordinance was passed in November, 1907. It is "fairly well" enforced.

Reporting of tuberculous cases has been requested since January, 1908, but it is not required by law. About 10 per cent., it is estimated, are reported.

Premises are disinfected on death and removal.

Harrison W. Howell, President of Board of Health.

DISTRICT OF COLUMBIA**DISTRICT LEGISLATION**

1897.—The Commissioners of the District issued a police regulation against spitting, which was amended in 1905 to include all public places. "It is well enforced."

1904.—An executive order was issued by President Roosevelt, looking toward the prevention of tuberculosis and of its spread among government employees.

1906.—The Commissioner of the District issued an order providing

LEGISLATION

DISTRICT OF COLUMBIA, FLORIDA

for the inspection of buildings, and, with the aid of the other Departments of the Federal Government, has helped to carry on the campaign for the prevention of tuberculosis among the government employees.

1907.—The Tenement House Act, passed by the 59th Congress, has had a beneficial effect upon the tuberculosis campaign.

1907.—Congress made provision for a sanatorium at a cost of \$100,000. The institution was opened July 1, 1908.

1908.—A bill providing for the registration of all tuberculous cases, disinfection of premises, and free examination of sputum was passed. (See page 420.)

The Health Department distributes a pamphlet on the prevention of consumption.

Dr. W. C. Woodward, Health Officer of the District.

FLORIDA

STATE LEGISLATION

The State Legislature has passed no laws affecting tuberculosis, but the Board of Health has issued warnings in the way of placards against promiscuous spitting and imposes a fine for this offense.

The Board also issues circulars on the prevention of tuberculosis.

Efforts are being made to establish a State sanatorium, and the State Board of Health has an offer of a tract of land, together with some buildings, for this purpose.

Dr. Joseph Y. Porter, Key West, State Health Officer.

MUNICIPAL LEGISLATION

Jacksonville (60,000)

There is an anti-spitting ordinance, but it is "not effective."

There is no ordinance or regulation compelling the notification of tuberculosis, but since 1904 efforts have been made to get this done by request. The results have been unsatisfactory.

Premises are disinfected at death or removal.

Dr. F. D. Miller, Health Officer.

GEORGIA

STATE LEGISLATION

1904.—An act was passed providing that the governor appoint a commission consisting of one physician from each congressional district, and ten from the State at large, to investigate the prevalence of tuberculosis and the means of preventing it, and to report to the Legislature in 1905.

1905.—The Legislature of 1905 authorized the continuance of this same commission, and that it report to the Legislature in 1906 on the feasibility of erecting a State sanatorium for consumptives.

1907.—A bill was passed by the Legislature of 1908, establishing a State sanatorium, and providing \$25,000 for this purpose.

The State Board of Health has issued educational circulars dealing with tuberculosis, but has adopted no anti-spitting or notification regulation.

Dr. Bernard Wolff, Atlanta, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Atlanta (135,000)

There is an ordinance prohibiting spitting on sidewalks and in cars.

It is enforced in street-cars and in the center of the city.

Notification of tuberculosis has been "requested" for several years.

"Only a small proportion are reported."

Premises are disinfected at death or removal.

J. P. Kennedy, Health Officer.

Augusta (49,200)

By an ordinance of the Board of Health on September 4, 1905, spitting is prohibited in public places. The Health Officer says it is "fairly well" enforced.

On September 4, 1905, tuberculosis was included in the infectious diseases to be reported. "Only about 40 per cent." are reported.

Premises are always disinfected at death and when notice of removal is given.

Dr. E. C. Goodrich, Secretary, Health Department.

IDAHO**STATE LEGISLATION**

There is no legislation affecting tuberculosis.

Dr. G. M. Waterhouse, Weiser, President State Board of Medical Examiners.

ILLINOIS**STATE LEGISLATION**

1899.—The State Board of Health was directed by a joint resolution of the Senate and House of the 41st General Assembly to investigate the advisability of establishing a State sanatorium for consumptives in Illinois. A committee appointed by the Board made an exhaustive investigation of the subject, and in a report to the governor in December, 1900, the Board strongly recommended the enactment of needed legislation. In 1901, 1903, and 1905, Governors Tanner and Yates respectively, acting upon the recommendation of the State Board of Health, urged in their biennial messages to the General Assembly the creation and establishment of a State sanatorium for consumptives.

1905.—Through efforts made by the State Board of Health, the State medical societies, and the State Association for the Prevention of Tuberculosis, the 44th General Assembly, in 1905, passed a bill providing for the establishment of a State sanatorium for consumptives, but the appropriation made was too small for any practical purposes, and it did not become available.

1908.—A bill was passed by the Legislature which provided that villages and cities may maintain sanatoria, and providing further for the maintenance and regulation of the same. The bill does not make it mandatory that such sanatoria be established, or that tuberculous patients be cared for apart from the other hospital or almshouse patients.

The Board of Health has issued a considerable amount of literature on the prevention of tuberculosis, and has established over two

hundred stations in the State where containers are kept for the transmission of sputum.

There is no State registration or anti-spitting regulation.

Dr. James A. Egan, Springfield, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Chicago (2,166,055)

An anti-spitting ordinance was passed on February 26, 1906. In enforcing the ordinance, "five to ten arrests are made one day of each week."

Notification of living cases has been compulsory since 1907. The Health Commissioner estimates that "about 50 per cent." of all cases are reported.

Premises are disinfected at death and removal.

Circulars are distributed in large quantities to patients and physicians.

The city of Chicago does not provide any hospitals or dispensaries for tuberculosis. Cook County has a hospital at Dunning and a reception hospital in Chicago. Provision has been made by the county for a hospital for advanced cases in Chicago and a sanatorium for incipient cases at Blue Island.

The Board of Health supplies tuberculin free to physicians for diagnostic purposes. Sputum is also examined free at the city laboratory.

Dr. William A. Evans, Health Commissioner.

East St. Louis (60,000)

An anti-spitting ordinance was passed in 1904. The Health Commissioner says it is enforced "to the letter."

A notification ordinance was passed in 1907.

Premises are disinfected on death or removal.

Dr. A. A. McBrien, Health Commissioner.

Peoria (75,000)

On August 17, 1897, an ordinance prohibiting spitting in public

LEGISLATION

ILLINOIS, INDIANA

places was passed. No effort is made to enforce the law except by the posting of signs.

A notification ordinance was passed in 1905. About 20 per cent. of the cases are being reported under it. (See page 439.)

Premises are disinfected on death and removal.

Literature for consumptives is distributed by the Department of Health.

Dr. Albert Weil, Commissioner of Health.

Springfield (65,000)

An anti-spitting act of 1900 was amended on November 18, 1907, to include in its prohibitions all public places.

There is no ordinance requiring the reporting of tuberculosis and no cases are reported.

A. J. Mester, Superintendent of Health Department.

INDIANA

STATE LEGISLATION

1905.—A bill was passed providing that a commission be appointed to investigate the need of a tuberculosis hospital and to report on the same in 1907.

1907.—A bill was passed providing for the treatment of tuberculosis, and providing that a commission of five be appointed by the governor for three years, to erect a sanatorium for tuberculous patients. This bill carried with it a \$30,000 appropriation for the site of the hospital. A site was chosen in 1908 at Rockville.

1907.—An act was passed making it mandatory for physicians and midwives to report all cases of contagious and infectious diseases. The Board of Health includes tuberculosis in this class and requires that it be reported.

The State Board of Health carries on an active campaign against tuberculosis, distributing literature and creating public interest by means of lectures, exhibitions, etc.

Dr. John N. Hurty, Indianapolis, Secretary State Board of Health.

MUNICIPAL LEGISLATION**Indianapolis (240,000)**

By an ordinance of 1900 spitting in public places is prohibited.

The Board of Health has vigorously enforced this law, making sixty-eight arrests in 1907, and securing conviction and fine in each case.

There is a State registration law, but in Indianapolis it is poorly enforced, only 4 to 5 per cent. of the cases being reported.

Premises are disinfected in all cases of death or removal.

The Board of Health conducts a tuberculosis clinic at the city dispensary.

Dr. Eugene Buehler, Health Officer.

South Bend (55,000)

A comprehensive ordinance was passed in 1906, prohibiting not only spitting in public places, but also the throwing away of refuse and food. The law is well enforced.

The reporting of tuberculosis has been recommended by the Board of Health since 1902, but there is no ordinance compelling this.

The Health Officer estimates that 50 per cent. of the cases are reported.

The Board of Health disinfects in cases of death and removal and also distributes some of its own literature and that of the State Board of Health.

Dr. D. W. McNamara, Health Officer.

Terre Haute (65,000)

There is an anti-spitting law of 1898, but it is not enforced.

There is no registration law and only a few physicians report cases of tuberculosis.

The Board of Health disinfects at death or removal.

There has been no official effort to combat tuberculosis in Terre Haute.

Dr. M. A. Boor, Secretary Board of Health.

IOWA

STATE LEGISLATION

1898.—The State Board of Health has issued circulars of information respecting tuberculosis since 1898.

1904.—The Board of Health has a rule providing for the reporting of tuberculous cases, made in 1900, and also for the restriction and prevention of tuberculosis in the schools of the State.

1904.—In 1904 a bill was passed providing for the Board of Control of State Institutions to investigate the extent of tuberculosis and the means of preventing the same. Circulars were to be distributed and one thousand dollars was provided for experimentation.

1906.—An act was passed establishing a State sanatorium for the treatment of tuberculosis, giving the Board of Control power to select the site, construct the building, and direct the management of the institution, etc. This bill carried with it an appropriation of \$50,000.

1906.—A bill was passed giving the Board of Control funds to print and distribute 5000 copies of their report on the extent and prevention of tuberculosis.

1907.—The Sanatorium Act of the year prior was amended to increase the per capita appropriation to \$30 instead of \$20; and further to provide for a lecturer to disseminate information in regard to tuberculosis; \$5000 annually was appropriated by this act.

1907.—Fifty thousand dollars additional was also appropriated for the State sanatorium in 1907.

1907.—In August, 1907, the Board of Health made a rule requiring all physicians to report cases of tuberculosis.

The Board of Control of State Institutions, through its Tuberculosis Department, in 1908, did a large amount of educational work, and is a very effective factor in the anti-tuberculosis campaign. Rev. A. E. Kepford is the lecturer of this department.

Dr. Louis A. Thomas, Des Moines, Secretary State Board of Health.

MUNICIPAL LEGISLATION**Sioux City (50,000)**

An anti-spitting ordinance of May 2, 1905, is "generally enforced."

By a revised regulation of August, 1907, tuberculosis is made a reportable disease. The Health Officer says "practically all" cases are reported.

Dr. B. Cowshon, Health Officer.

KANSAS**STATE LEGISLATION**

1903.—A State anti-spitting law, covering floors of churches, schools, or other public buildings, was passed by the Legislature in 1903. The Board of Health has another regulation against spitting on the floors of public buildings. Both regulations are poorly enforced.

X 1907.—The Legislature of 1907 failed to pass the bill providing for a State sanatorium, but it is hoped that this bill will be passed in 1909.

The general quarantine laws require notification of all diseases dangerous to public health, but do not specify tuberculosis. The Board of Health, however, requires physicians to report tuberculous cases, but this regulation is only partially observed.

Dr. S. J. Crumbine, Topeka, Secretary State Board of Health.

MUNICIPAL LEGISLATION**Topeka (50,000)**

There is an ordinance prohibiting spitting on stairways and sidewalks, but it is not well enforced.

Reporting of cases of tuberculosis has been required since 1900.

The Secretary of the Board of Health estimates that "perhaps three-fourths" of all cases are reported.

Dr. M. R. Mitchell, Secretary Board of Health.

KENTUCKY**STATE LEGISLATION**

1906.—The Legislature passed a bill providing that the mayor of Louisville appoint a "Board of Tuberculosis Hospital" to erect and maintain a tuberculosis hospital for the city, and also providing for a tax of one-twentieth to one-fifth of a mill for the maintenance of the same.

1908.—An act was passed "to encourage the establishment and maintenance by private contributions of sanatoria for the care and treatment of persons suffering from pulmonary tuberculosis." The act provides for the appropriation of \$25,000 to be distributed annually to The Association Sanatorium and other similar institutions that might be established, the annual subsidy being 20 per cent. of the money invested in the equipment of the institution.

1908.—A bill for the establishment of a State sanatorium was passed by both Houses of the Legislature of 1908, but was vetoed by the governor, on account of lack of funds.

The State Board of Health issues circulars on tuberculosis, and in 1908 started an active campaign against this disease throughout the State.

MUNICIPAL LEGISLATION**Covington (55,000)**

There is an anti-spitting law, but it is "indifferently" enforced.

Reporting of tuberculous cases is required, but the Health Officer estimates that only about 2 per cent. are returned.

Premises are disinfected at death or removal.

Dr. S. E. Brinker, Health Officer.

Lexington (45,000)

An anti-spitting ordinance was passed in June, 1905. It is very well enforced.

Reporting of tuberculosis cases is required by an ordinance which went into effect May 1, 1908.

LEGISLATION

KENTUCKY, LOUISIANA

Premises are disinfected at death and removal and literature is distributed to physicians and others.

The Board of Health conducts a free dispensary for tuberculosis.

Dr. N. R. Simmons, Health Officer.

Louisville (260,000)

An anti-spitting ordinance, passed in 1905, is "fairly well" enforced.

Tuberculosis is required to be reported since 1902, but the Health Officer estimates that only 15 per cent. is actually returned.

Premises are disinfected on death and removal.

Circulars are distributed to patients and physicians.

The Health Department conducts also lectures and exhibits of an educational nature.

The city, in 1908, opened a special tuberculosis annex at the City Hospital. Under an act of the Legislature of 1907 the mayor appointed the Board of Tuberculosis Hospital, which has for its purpose the erection of a municipal hospital.

Dr. F. H. Baker, Health Officer.

LOUISIANA

STATE LEGISLATION

The State Board of Health, with the coöperation of the medical profession of the State, has conducted a campaign against tuberculosis for nearly fifteen years.

No legislation, however, has been passed affecting tuberculosis, although strong recommendations have been made from time to time with this end in view.

Dr. W. S. Ingram, New Orleans, Secretary State Board of Health.

MUNICIPAL LEGISLATION

New Orleans (351,000)

There are two ordinances which prohibit spitting in all public places. They are poorly enforced.

LEGISLATION

LOUISIANA, MAINE

Notification was made compulsory on May 14, 1907. The Health Officer says: "The percentage of incipient cases reported is very small; advanced cases are all reported, we believe."
Dr. W. T. O'Reilly, Health Officer.

MAINE

STATE LEGISLATION

1895.—The Legislature passed a law requiring the reporting of tuberculosis cases, but this law has never been well observed. Tuberculosis is classed as an infectious disease, with others of like character.

1899.—The State Board of Health started a campaign against tuberculosis by issuing circulars entitled "Prevention of Tuberculosis."

1903.—The Legislature of 1903 passed a law forbidding spitting in street-cars.

1907.—A resolution was adopted authorizing the construction at Eastern Maine Insane Hospital of a building for the isolation of tuberculous insane, and appropriating \$30,000 therefore.

There is no sanatorium owned and operated by the State, but the State Board of Health subsidizes the Maine Sanatorium at Hebron, and this institution serves as a State sanatorium.

Dr. A. G. Young, Augusta, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Portland (60,000)

An anti-spitting ordinance was passed in 1900. The "street-car conductors enforce it well; the police moderately, occasionally a complaint is filed and prosecuted."

The State registration law is "not very well" enforced.

Premises are disinfected at death and removal. Circulars are also distributed to physicians and patients.

The Board of Health employs a nurse, who devotes her time exclusively to tuberculosis cases among the poor. Considerable

anti-tuberculosis agitation is carried on through the newspapers and by lectures.

A. L. Cummings, Secretary Board of Health.

MARYLAND

STATE LEGISLATION

1902.—An act was passed authorizing the governor to appoint a Tuberculosis Commission to investigate the means of preventing tuberculosis in the State and the feasibility of establishing a State sanatorium. Four thousand dollars was appropriated for the expenses of this Commission.

1904.—An act was passed "protecting the public from the negligence of persons affected with certain communicable diseases, particularly tuberculosis of the lungs and larynx," by prohibiting promiscuous spitting; spitting was declared a nuisance and can be proceeded against on the same grounds as any other public nuisance. There was an attempt to enlarge the scope of this law in 1908, but the bill was defeated. In 1902 the Legislature had passed a bill making it a misdemeanor to spit on railroad platforms or in passenger cars.

1904.—The State Board of Health was authorized to issue circulars, \$5000 being provided for this work.

1904.—In 1904 a law was passed providing for the reporting of tuberculous cases throughout the State, and for keeping of the Register by the State Board of Health.

1904.—A Tuberculosis Commission of five was appointed to investigate the causes of the disease and to present a detailed plan for the establishment of a tuberculosis sanatorium, and to report to the Legislature of 1906; \$2000 was appropriated for this purpose.

1906.—An act was passed establishing the Maryland Tuberculosis Sanatorium; \$115,000 was appropriated by this act.

1906.—The name of the private corporation called the "Hospital for Consumptives of Baltimore" was changed to "Hospital for

LEGISLATION

MARYLAND, MASSACHUSETTS

Consumptives of Maryland," and a subsidy of \$15,000 for 1907, and \$20,000 for 1908, was provided.

1908.—An additional appropriation of \$275,000 was given to the State Sanatorium, and a grant of \$25,000 to the Hospital for Consumptives of Maryland, for the building of a pavilion for advanced cases.

1908.—The Legislature of 1908 also passed a law prohibiting the importation of cattle into the State unless tuberculin tested.

The State Board of Health carries on a vigorous campaign against tuberculosis, and under a provision of the Act of 1904, has a very complete registration regulation regarding tuberculosis.

Dr. Marshall L. Price, Baltimore, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Baltimore (573,000)

An anti-spitting law, passed February 21, 1905, is well enforced.

By State law notification has been required since 1904. The law is "complied with in a satisfactory manner."

Disinfection in cases of death and removal is required by law.

The Commissioner of Health has power to commit a patient suffering with tuberculosis who, by his habits, endangers the public, to the Tuberculosis Hospital at Bay View Asylum, which is conducted by the city.

Dr. James Bosley, Commissioner of Health.

MASSACHUSETTS

STATE LEGISLATION

1895.—A hospital for consumptives was established by an act of the State Legislature. One hundred and fifty thousand dollars was appropriated by this act.

1898.—An act was passed providing for a loan of \$225,000 to complete the above institution.

- 1900.—The name of the State Hospital for Consumptives was changed to State Sanatorium for Consumptives.
- 1901.—The supervision of the Massachusetts State Sanatorium was given to the State Board of Charities.
- 1902.—An act was passed requiring that the State Board of Charities report to the Legislature of 1903 the necessity of providing additional sanatoria for consumptives, the location most suitable for the same, and the charges for treatment.
- 1905.—A resolution was adopted authorizing the State Board of Health to give public exhibitions of the methods of treating and preventing tuberculosis.
- 1906.—A resolution was adopted providing for a commission to consider measures for the relief of consumptives in the advanced stages of the disease, and the advisability of establishing a State hospital for the same. Five thousand dollars was appropriated for this work.
- 1906.—An act was passed giving the trustees of the Boston Consumptives' Hospital Department authority to hire beds in private hospitals pending the erection of their new hospital. This act was duplicated in the years 1907 and 1908.
- 1907.—An act was passed providing for the printing and distribution of three thousand copies of the report of the above mentioned commission.
- 1907.—An act was passed providing that the governor and council appoint a board of nine trustees to erect three sanatoria for tuberculous patients, and providing \$300,000 for this work.
- 1907.—An act was passed providing for compulsory notification and registration of tuberculosis and other diseases dangerous to the public health.
- 1907.—Chapter 183 of the Laws of 1907 authorizes the State Board of Health "to define what diseases shall be deemed dangerous to the public health."
- 1907.—There is a State anti-spitting law, finally amended in 1907 to cover all public places, and providing for criminal process.
- 1907.—Chapter 386 of the Laws of 1907 provides that no person, whose care and maintenance has been incurred on account of

tuberculosis, or other contagious and communicable diseases, shall be deemed a pauper thereby.

1907.—Chapter 445 of the Laws of 1907 provides that each city shall establish and maintain within its limits one or more isolation hospitals for the reception of persons having smallpox and other diseases dangerous to the public health. Since the State Board of Health has placed tuberculosis in this latter class, some cities have assumed it mandatory to make special provision for tuberculous patients.

1907.—Provision was made for State Medical Inspectors of Factories and Workshops. They may require changes to improve conditions affecting health. They are especially charged to take measures for preventing tuberculosis and to look after child employees in poor health.

1908.—Chapter 42 of the revised laws was amended so that it is now mandatory in public schools to give instruction on the prevention of tuberculosis.

The Board of Health of the State, and other State bodies, carry on a constant campaign against tuberculosis by means of literature and lectures.

Dr. Charles Harrington, Boston, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Boston (608,000)

The Board of Health adopted an anti-spitting regulation on October 13, 1896. It is enforced "not as well as it might be."

Tuberculosis was included in the list of diseases to be reported to the Board of Health in 1900.

Premises are disinfected at death and removal. Circulars are distributed to physicians and patients.

The Board of Health does not devote particular attention to tuberculosis. The real official anti-tuberculosis work of Boston is carried on through the trustees of the Boston Consumptives' Hospital Department, which was established by an ordinance of 1906. This board has made an exhaustive study of the

tuberculosis situation in Boston and its environs. The city of Boston has appropriated \$150,000 up to 1908 for the work. In 1907 work was commenced on a permanent day camp and also on buildings for a permanent hospital for advanced cases. Fifty-five acres of land are available for the site. During 1907 the board conducted a dispensary and did also a large amount of investigating and educational work. A day camp was opened in 1908. A large number of advanced cases are being boarded out in local hospitals until the new municipal hospital is completed. One special tuberculosis dispensary is also in operation. The expenses of the board for 1907 were \$36,472.62.

Dr. Edwin A. Locke, 117 Beacon Street, Chief of Staff, Boston Consumptives' Hospital.

C. E. Davis, Jr., Secretary Board of Health.

Brockton (53,315)

An anti-spitting ordinance was passed February 11, 1904. It is "fairly well" enforced.

Tuberculosis was made reportable by an ordinance of February 28, 1907. The health officer estimates that "probably three-fourths of the cases are now reported." From January 1, 1908, to June 1, 1908, there were only six deaths reported, of which a previous record had not been made.

Premises are disinfected at death and removal. Circulars are distributed to patients. Interest in tuberculosis is kept up through notices in the newspapers.

Dr. Abbott W. Packard, Executive Officer, Board of Health.

Cambridge (100,000)

An anti-spitting regulation was passed April 12, 1899. It is "fairly well" enforced.

The local Board of Health enforces the State notification law. The medical inspector estimates that "about 50 per cent. of the active cases are reported."

Premises are disinfected and circulars distributed to physicians and patients.

The Board of Health opened a day camp on July 15, 1908, which will be the nucleus of a city hospital for consumptives.

A systematic survey of the city has been outlined, and through co-operation with local organizations and physicians, the board expects to accomplish much.

Dr. Albert P. Norris, Medical Inspector.

Chelsea (38,000)

An anti-spitting ordinance of 1902 is "well" enforced.

Under the requirements of the State registration law, it is estimated by the health officer that "about one-half of the cases are reported."

Literature is distributed and premises are disinfected at death and removal. The disastrous fire of April, 1908, seriously hampered the work.

Dr. F. S. Winslow, Health Officer.

Fall River (115,000)

An anti-spitting ordinance of 1901 was revised and enlarged in scope in 1906, since when it has been "strictly enforced." Signs are posted in all factories and on the streets. Employers are obliged to furnish cuspidors, which are of cheap material, so that they may be destroyed every week.

Tuberculosis was made reportable on July 1, 1906, by a special regulation of the Board of Health. The health officer estimates that "about 50 per cent. of the living cases are reported."

Premises are disinfected after death and removal. Literature is distributed to physicians, patients, and householders.

The Board of Health conducts a cottage hospital for tuberculosis.

Samuel B. Morris, Agent and Sanitary Inspector of the Board of Health.

Fitchburg (33,948)

In enforcing the State anti-spitting law, "No Spitting" signs have been posted on all principal streets and in all factories.

Compulsory notification of tuberculosis was begun in 1900. The Board of Health estimates that "practically all cases are reported."

Premises are disinfected. Circulars are distributed to physicians, who give them to their patients. The circulars are printed in English, French, and Finnish.

Dr. A. O. Hitchcock, Chairman, Board of Health.

Haverhill (41,500)

Public spitting was prohibited as early as 1902, but neither this early law nor the State law is enforced.

Notification is required by an ordinance of February, 1906. The agent of the Board of Health says "all" cases are reported.

Premises are not disinfected, but circulars of information are distributed.

C. Bryant, Agent, Board of Health.

Holyoke (52,652)

The anti-spitting law of June 11, 1903, is "partially enforced."

Notification has been compulsory since November 2, 1905. "About one-third of all cases" are reported.

Premises are disinfected in case of death or removal.

The Board of Health is contemplating the building of a tuberculosis hospital in the near future.

Dr. J. J. Linnehan, Health Officer.

Lowell (96,380)

Public spitting is prohibited by a regulation of the Board of Health of August 25, 1903.

Notification has been compulsory since 1903 by a regulation of the Board of Health.

Premises are disinfected at death and removal.

Literature printed in English, Greek, French, Italian, and Polish is distributed by the Board of Health.

F. A. Bates, Agent, Board of Health.

Lynn (86,000)

An anti-spitting law, passed in 1906, is enforced satisfactorily.

Notification of tuberculosis has been required since 1906. It is "fairly well" enforced.

Premises are disinfected at death and removal.

G. A. Badger, Clerk, Board of Health.

New Bedford (80,000)

There is no local anti-spitting law and no particular effort is made to enforce the State law.

The Chairman of the Board of Health says that physicians object to reporting tuberculosis.

Premises are disinfected at death and removal and circulars are distributed.

William G. Kirschbaum, Chairman of the Board of Health.

Newton (38,919)

Public spitting has been prohibited since 1901. While no arrests have been made under the law, "it is fairly well obeyed."

There is no local notification ordinance.

Premises are disinfected, and literature is distributed to patients, unless physicians request otherwise.

Dr. Francis G. Curtis, Chairman, Board of Health.

Salem (38,000)

The anti-spitting law is poorly enforced. Metal signs were posted on the street-corners and in factories in 1908.

There is no local registration ordinance.

The Board of Health disinfects in cases of death and removal.

Literature is furnished to physicians and the Associated Charities for distribution.

The Board of Health has a ward in a city institution for a few advanced cases, and also pays for the treatment of a few patients in a private day camp.

Somerville (74,000)

A regulation against spitting was promulgated on October 6, 1904.

It is "very well" enforced by the police department.

By a Board of Health regulation, reporting of tuberculosis has been compulsory since October 6, 1904. It is estimated by the health authorities that "nearly all" cases are reported.

LEGISLATION**MASSACHUSETTS**

Premises are disinfected and circulars are distributed to patients and physicians.

William P. Mitchell, Clerk of the Board of Health.

Springfield (81,425)

Spitting was prohibited in public places by a Board of Health regulation in 1901 and by State law in 1907. The law is "fairly well" enforced.

Notification of tuberculosis has been required by a regulation of the Board of Health since 1904. The agent of the Board of Health says: "Physicians have apparently not realized the importance of such reports in the past, not over 50 per cent. of cases being reported. As we are now (1908) holding them accountable for their negligence, results are better."

Premises are disinfected free on request.

The Health Department gives free examination of sputum and distributes sputum cups, placards, and circulars. They also cooperate with the local association.

The Department also cares for its indigent cases in the city hospital.

William L. Young, Agent, Board of Health.

Taunton (31,000)

An anti-spitting law, passed in 1905, is "moderately" enforced.

Notification of cases of tuberculosis has been required since 1906.

The health officer says, "I know that many cases are not reported."

Dr. T. J. Robinson, Chairman, Board of Health.

Worcester (147,084)

The anti-spitting regulation of December 12, 1900, is "fairly well" enforced.

By a regulation of the Board of Health, tuberculosis was made reportable on December 1, 1902.

Premises are disinfected at death and removal and literature is distributed to patients.

James C. Coffy, Executive Officer of the Health Department.

MICHIGAN**STATE LEGISLATION**

1893.—The State Board of Health has required the notification of tuberculosis since 1893, but the regulation is not well observed.

1895.—Public Act 146 of the year 1895 requires that public schools shall teach the principal modes by which contagious diseases may be prevented and authorizes the Board of Health to assist in this work by issuing bulletins to teachers. Tuberculosis is given special attention in these bulletins.

1905.—An act was passed establishing a State tuberculosis sanatorium. The sum of \$30,000 was appropriated for the purpose of "purchasing site, of erecting, constructing and equipping" the sanatorium and buildings, and to pay the necessary current expenses for the fiscal years ending June 30, 1906 and 1907. This amount being found to be inadequate for construction purposes, an additional appropriation of \$62,000 was made by the Legislature of 1907 for the purpose of completing the necessary buildings and equipment, and \$8000 a year for maintenance of the sanatorium for the fiscal years ending June 30, 1908 and 1909. This makes a total of \$108,000 appropriated to date (July, 1908)—\$88,000 of which will have been spent in erecting and equipping the sanatorium and improving the property, and \$20,000 of which will be used for maintenance for the fiscal years ending June 30, 1907-08-09.

The State Board of Health carries on a vigorous campaign against the disease by circulars, literature, discussions, etc.

Dr. Frank W. Shumway, Lansing, Secretary State Board of Health.

MUNICIPAL LEGISLATION**Detroit (450,000)**

There is an anti-spitting regulation passed on January 9, 1906.

While the courts of Detroit have not enforced the law, the anti-spitting signs have brought about some abatement of the nuisance. Notification of living cases of tuberculosis is not made compulsory,

LEGISLATION

MICHIGAN, MISSOURI

but is requested by the Board of Health. As a result a very small percentage of cases are reported.

Premises are always disinfected at death and on removal, when notified.

The Board of Health conducts a dispensary for tuberculosis, and in 1908 opened a small shack for hospital cases. This is to be the nucleus of a larger sanatorium.

Three nurses are employed by the Board of Health and these serve as medical inspectors of school-children. Lectures are given to nurses and doctors and other educational work, such as distribution of circulars, is carried on.

G. L. Kiefer, Health Officer.

Grand Rapids (115,000)

The anti-spitting ordinance is "fairly well" enforced.

A regulation requiring the reporting of tuberculosis was adopted "several years ago." The Health Officer estimates that "about 30 per cent." of the cases are reported.

Premises are disinfected at death and removal, and literature is distributed to patients and physicians.

The Board of Health conducts a sanatorium. Two visiting nurses are also employed to look after tuberculous patients in their homes.

Dr. William De Lano, Health Officer.

MINNESOTA

STATE LEGISLATION

1901.—An act was passed providing that the governor appoint a commission of three to investigate the advisability of establishing a State sanatorium for consumptives.

1903.—An act was passed establishing the Minnesota Sanatorium for Consumptives, and arranging for the control and administration of the same, and providing that only patients with incipient tuberculosis be received; \$25,000 was appropriated.

LEGISLATION

MINNESOTA, MISSISSIPPI

1907.—The Sanatorium Act was amended so that the applicants for admission might be examined by an examining physician, as the act originally provided.

1907.—A section was added to the General Health Law making it mandatory upon local Boards of Health to employ the necessary assistance to enforce laws in regard to communicable diseases.

Under a ruling of the Board of Health notification of tuberculosis is required, but the registration is far from complete.

The State Board of Health is conducting an educational campaign along broad lines and is meeting with considerable success. The Board is coöperating liberally with the State Association.

Dr. H. M. Bracken, St. Paul, Secretary, State Board of Health.

MUNICIPAL LEGISLATION

Minneapolis (300,000)

By ordinances passed in 1897, 1898, and 1904, spitting in all public places is prohibited. A vigorous enforcement of the law, resulting in four hundred arrests in one year, "has practically abolished spitting in the city."

A special ordinance of January 12, 1904, made tuberculosis reportable. The health officer says of this ordinance: "It is very well enforced. Most all living cases are reported, either by card or through sputum examinations. We check them through death certificates of cases, where we have had no report."

Premises are disinfected and literature is distributed to doctors and patients. Two visiting nurses are employed by the Health Department, but are paid for by Mrs. George H. Christian.

The city is also erecting a new tuberculosis hospital to accommodate thirty patients. It will be in charge of the city physician.

Dr. P. M. Hall, Commissioner of Health.

MISSISSIPPI

STATE LEGISLATION

There is no legislation affecting tuberculosis. A bill was before the

LEGISLATION

MISSISSIPPI, MISSOURI

Legislature of 1908, which asked for the establishment and maintenance of a tuberculosis sanatorium. The bill did not pass.

1907.—On March 18th the governor sent a message to the Legislature recommending an additional appropriation for the tuberculosis camp at the State Hospital.

Dr. S. H. McLean, Secretary, State Board of Health.

MISSOURI

STATE LEGISLATION

1905.—An act was passed establishing a State sanatorium for the treatment of incipient pulmonary tuberculosis. A commission was appointed to select a site, erect buildings, etc., and \$50,000 was provided.

1907.—An act was passed providing that a person affected with consumption of the lungs, or with scrofula, or like communicable disease, is not to work in a bakery.

1907.—In 1907 an act was passed providing for the government and administration of the Missouri State Sanatorium for Incipient Pulmonary Tuberculosis by a board of five managers, appointed by the governor and senate for thirty years.

Dr. J. A. B. Adcock, Warrensburg, Secretary, State Board of Health.

MUNICIPAL LEGISLATION

Kansas City (325,000)

A comprehensive anti-spitting ordinance was passed in 1906. Some arrests are made for its violation, with the result that the law is well observed.

Tuberculosis is not officially recognized as a communicable disease and is not required to be reported.

Dr. Carl A. Jackson, Health Officer.

St. Joseph (120,000)

An anti-spitting ordinance was passed in 1907 and is enforced "to the letter."

LEGISLATION

MISSOURI, MONTANA

Tuberculosis has been made reportable since 1907, but "very few" cases are returned.

Premises are disinfected at death and removal and literature is distributed to patients and the public.

Dr. J. T. Stamey, Assistant City Physician.

St. Louis (710,000)

An anti-spitting ordinance was adopted on February 18, 1903.

It is rigidly enforced on street-cars and in public buildings by the sanitary officers of the Health Department, but is poorly enforced on the sidewalks by the police. The fines collected by the six sanitary inspectors more than pay their salaries.

Since April 28, 1905, a complete notification ordinance has been in force. The Health Commissioner estimates that about 50 per cent. of all living cases are reported. Some violations of this law have been prosecuted successfully.

Premises are disinfected at death and removal.

Literature is distributed to physicians.

In March, 1908, an ordinance was passed creating a commission of nine "to investigate the prevalence of tuberculosis in St. Louis."

Dr. William Porter is chairman of this commission and R. J. Newton is secretary. Two thousand five hundred dollars was appropriated for the year's expense.

Dr. H. Wheeler Bond, Health Officer.

MONTANA

STATE LEGISLATION

The State Legislature has not passed any laws relating to tuberculosis, but the Board of Health in 1908 adopted measures affecting tuberculosis, and is preparing a campaign against this disease.

Dr. Thomas D. Tuttle, Helena, Secretary, State Board of Health.

MUNICIPAL LEGISLATION**Butte** (30,000)

An ordinance which went into effect January 12, 1908, created a Board of Health and revised the sanitary regulations of the city. Under this ordinance spitting in public places is prohibited and tuberculosis is declared one of the infectious diseases to be reported to the Board of Health.

The Board disinfects in case of death and removal, and also distributes circulars furnished by the State Board of Health.
Dr. C. T. Pigot, Health Officer.

NEBRASKA**STATE LEGISLATION**

There is no State law relating to tuberculosis. The State Board of Health in its quarantine regulations has a rule authorizing the isolation of tuberculous cases to a certain extent, and requires the reporting of this disease.

1907.—A bill for a State sanatorium for consumptives was introduced in 1907, but was defeated.

Dr. E. J. C. Sward, Oakland, Secretary, State Board of Health.

MUNICIPAL LEGISLATION**Lincoln** (50,000)

An ordinance of January 14, 1903, makes it unlawful to spit in public places, but the ordinance is "not very well" enforced.

Tuberculosis is not officially recognized as a communicable disease and is not required to be reported.

Premises are disinfected if parties interested request it.
Dr. William C. Rhode, Health Officer.

Omaha (131,470)

An anti-spitting ordinance, passed in 1898, is "fairly well obeyed."

LEGISLATION

NEBRASKA, NEVADA, NEW HAMPSHIRE

Tuberculosis is included in the list of diseases to be reported to the Board of Health. "Not one-third are reported."

Premises are not disinfected, except upon request. Some literature is distributed.

The county opened a specially constructed ward in the County Hospital for tuberculosis in 1908.

NEVADA

STATE LEGISLATION

There is no State legislation affecting tuberculosis.

Dr. S. L. Lee, Carson City, Secretary, State Board of Health.

NEW HAMPSHIRE

STATE LEGISLATION

1901.—The Legislature passed an act providing that the governor appoint a commission to report on the establishment of a State sanatorium for consumptives.

1903.—An act was passed giving the State Board of Charities power to send indigent consumptive patients to a sanatorium for treatment, paying the actual cost of maintenance, support, etc., of the patient, and providing that they make quarterly reports on such procedure to the governor.

1903.—Spitting in public places is prohibited by an act of 1903.

1905.—An act was passed providing that the deaths and removals of consumptives be reported by the parties interested, and that infected premises be cleansed and that the premises are not to be occupied until so cleansed; a penalty of \$50 was provided for violation of this act.

1905.—An act was also passed for the establishment of a State sanatorium for consumptives, and an appropriation of \$50,000 therefor. This act was to be void if suitable provisions were otherwise made, prior to May, 1907. A site was chosen in 1908 at Glencliffe.

Dr. Irving Watson, Concord, Secretary, State Board of Health.

MUNICIPAL LEGISLATION**Manchester (70,000)**

An anti-spitting ordinance, passed in 1904, is "very well" enforced. A notification ordinance was passed in 1906, but "very few" cases are reported.

Premises are disinfected only on request.

Dr. J. E. A. Lanouette, President, Board of Health.

NEW JERSEY**STATE LEGISLATION**

1902.—An act was passed establishing a State sanatorium for tuberculous diseases and providing for a managing board to select site, erect building, etc.; \$50,000 was appropriated for this work.

1903.—This act was amended by restricting the admission of free patients to the State sanatorium to those affected with incipient tuberculosis of a curable nature.

1903.—The same act was further amended by giving the board of managers power to institute condemnation proceedings for a site.

1903.—An anti-spitting law, making it a misdemeanor to spit in railroad cars, was passed in 1903.

1904.—Two hundred thousand dollars additional appropriation was made for the State Sanatorium for Tuberculous Diseases.

1907.—The sanatorium act was amended so that the board of managers were given the power to determine the rate of pay, and authorizing municipalities to pay for their indigent patients sent at the request of the overseers of the poor. Other indigents were to be cared for at the expense of the State.

1907.—An act was passed providing that the consent of a municipality is necessary for the establishment of a tuberculosis hospital within its limits, corporations not organized for profit and municipal corporations excepted.

1907.—An act was passed giving permission to cities of the first class to erect and maintain hospitals on unused land for the treatment

of tuberculosis, the Board of Health of such cities to have control of such institutions.

The State Board of Health requires notification, and furnishes facilities for the examination of sputum. The Board also distributes pamphlets on the prevention of tuberculosis.

Dr. Henry Mitchell, Trenton, Secretary, State Board of Health.

MUNICIPAL LEGISLATION

Camden (87,000)

An anti-spitting ordinance passed in 1897 was in complete abeyance until the spring of 1908, when a thorough enforcement of the law was begun.

There is no local notification ordinance. Under the State law it is estimated that about 25 per cent. of all cases are reported.

Dr. Henry H. Davis, Health Officer.

Elizabeth (68,000)

Spitting in public conveyances and public buildings is prohibited by the Sanitary Code, promulgated in March, 1899. The Board of Health inspectors enforce this law very well.

Pulmonary tuberculosis is declared a communicable and infectious disease by the Sanitary Code of March, 1899. "About 50 per cent." of all living cases are reported.

Premises are disinfected at death and removal.

Dr. L. J. Richards, Health Officer.

Hoboken (65,000)

An ordinance prohibiting spitting in public buildings and conveyances was passed on June 13, 1899. It is well enforced.

While tuberculosis is officially recognized as a communicable disease, there is no ordinance compelling its notification or registration.

Newark (305,000)

An anti-spitting ordinance, passed on February 7, 1899, is "very generally enforced."

The reporting of tuberculosis is not made compulsory, but by requesting that cases be reported, and offering free examination of

LEGISLATION

NEW JERSEY, NEW MEXICO

sputum, the health officer estimates that notification of the majority of cases is obtained, probably 60 to 75 per cent. being reported. Premises are disinfected at death or removal. Circulars are distributed to patients, physicians, and others. The city conducts a sanatorium at Verona, and has a special tuberculosis clinic at the Municipal Dispensary. David D. Chandler, Health Officer. Dr. H. C. H. Herold, President, Board of Health.

Passaic (40,000)

An anti-spitting regulation has been embodied in the Sanitary Code since 1904. Under it "arrests are made if necessary." Tuberculosis was declared an infectious disease and required to be reported in 1904. The health officer estimates that one-half of all cases are reported. Premises are disinfected at death and removal. Literature was prepared in 1908 for free distribution. Dr. Howard Williams, Health Officer.

Paterson (115,548)

A comprehensive anti-spitting law was adopted into the Sanitary Code on January 24, 1905. It is "fairly well" enforced. A section declaring tuberculosis an infectious disease, and requiring notification, was adopted into the Sanitary Code on January 24, 1905. The health officer says of it: "All are living up to the ordinance, with the exception of a few isolated cases." Circulars are distributed to both physicians and patients. Premises are disinfected on death or removal. Money was appropriated in 1908 for the refitting of the isolation hospital for the use of tuberculosis cases. Dr. J. Alexander Browne, Health Officer.

NEW MEXICO

STATE LEGISLATION

1901.—An act was passed providing that persons afflicted with

LEGISLATION

NEW MEXICO, NEW YORK

tuberculosis were not to be employed as teachers in public schools, and providing for a certificate of good health, and fixing a penalty for the violation of this act.

1903.—This law was amended so that teachers so discharged might have appeal to the Board of Health or Educational Institute.

1903.—An act was passed entitled "An Act to Encourage the Establishment of Sanatoria in the Territory of New Mexico." This act provided that if a sanatorium spent \$100,000 for an institution within two years, it should be exempt from all taxation for six years thereafter.

1907.—An act was passed prohibiting spitting in public places, and having reference chiefly to consumptives.

Dr. B. D. Black, Las Vegas, Secretary, Territorial Board of Health.

NEW YORK

STATE LEGISLATION

1899.—An act was passed providing that cities with a population of 250,000 or over may maintain outside their limits, with the approval of the State Board of Health, hospitals for the treatment of pulmonary tuberculosis.

1900.—Fifty thousand dollars was appropriated to establish a tuberculosis hospital in the Adirondacks.

1901.—One hundred thousand dollars was appropriated for the building and equipment of the State Tuberculosis Hospital, the State architect to submit plans and supervise directions, and the site to be selected by the Governor, President of the Senate, and Speaker of the Assembly.

1902.—An act of 1900 was amended so that patients in the State Tuberculosis Hospital, if unable to pay for transportation and treatment, were to be maintained at the expense of the municipality where legally residing.

1906.—This act was further amended, authorizing that a list of patients be furnished by the hospital management to the localities from which the patients come, with the bill of charges, not exceeding \$5 per week for each patient.

1906.—An act was passed providing that a hospital for consumptives may not be established in towns without the consent of the Board of Supervisors and the Town Board.

1908.—A general tuberculosis act was passed, providing for the registration of the disease, and protecting the public against its spread. (See page 415.)

1908.—A complementary act was also passed reorganizing the Health Department and giving it more power, and also placing tuberculosis in the list of infectious diseases.

The State Department of Health carries on an active campaign against tuberculosis. During the year 1906, the Department planned and conducted at the Annual Conference of Health Officers, the first tuberculosis exhibition held outside of the city of New York in any part of the State. In 1907 the department undertook the preparation and construction of a large traveling tuberculosis exhibition. This exhibition was one of the most prominent features in the energetic local campaigns conducted in the cities of Buffalo, North Tonawanda, Utica, Rome, Troy, Albany, Schenectady, Rochester, Canandaigua, Geneva, Auburn, Cortland, Waterloo and Naples, for the most part in coöperation with the State Charities Aid Association. The Department coöperates also with local medical organizations in holding meetings devoted to the presentation of the medical aspects of tuberculosis work; and has in course of preparation a medical tuberculosis exhibition.

Dr. Eugene H. Porter, Albany, Commissioner, State Department of Health.

Dr. Herbert D. Pease, Albany, Director, State Hygienic Laboratory, and in charge of the anti-tuberculosis campaign.

MUNICIPAL LEGISLATION

Albany (100,000)

Spitting in public places is prohibited by a regulation of the Board of Health of 1900 and by a city ordinance of 1908. It is "occasionally" enforced.

Tuberculosis has been reportable since February 4, 1907. The health officer estimates that from 30 to 50 per cent. of all living cases are reported.

Premises are sometimes disinfected, but not regularly. Circulars are distributed by the Board of Health.

Dr. Joseph D. Craig, Health Officer.

Auburn (40,000)

The anti-spitting ordinance adopted in 1905 by the Board of Health is not enforced.

Tuberculosis was included with other infectious diseases in 1905, and was then made reportable. The health officer estimates that only about 10 per cent. of all cases are reported.

Premises are disinfected, and literature supplied by the State Department of Health is distributed.

Dr. W. R. Robinson, Health Officer.

Binghamton (45,000)

An anti-spitting ordinance, passed February 1, 1907, is "not at all" enforced.

There is no local ordinance requiring the registration of tuberculosis.

Premises are sometimes fumigated at death and removal.

The Board of Health employs one visiting nurse.

The city in 1908 reopened a private institution for tuberculosis, the Mountain Sanatorium, which has been closed for some time.

J. T. Larum, Secretary and Registrar, Board of Health.

Buffalo (410,000)

A comprehensive anti-spitting ordinance was passed February 13, 1902. It is poorly enforced.

Notification of tuberculosis has been required since 1900. The ordinance is "fairly well" enforced.

Premises are disinfected, and pamphlets are distributed to physicians and patients.

Erie County, within which Buffalo is located, maintains a tuberculosis hospital at the County Poor Farm.

Dr. Ernest Wende, Health Commissioner.

Elmira (42,000)

An anti-spitting ordinance, passed April 28, 1903, is "indifferently" enforced.

Tuberculosis was declared a communicable disease in 1904, and was then made reportable. The health officer estimates that about 10 per cent. of all living cases are reported.

Premises are disinfected upon request. Two circulars on consumption are distributed.

The Health Department has one visiting nurse.

Dr. H. D. Wey, Health Officer.

New York (Greater New York) (4,200,000)

The revised Sanitary Code of 1898 contains complete prohibition of promiscuous spitting in public. The law, however, is very poorly enforced, as a general rule.

After a period of preliminary study and observation lasting seven years, the Board of Health passed a series of resolutions on February 13, 1894, designed to assist in the accomplishment of its aims for the suppression of this disease. One of these resolutions involved the reporting of certain classes of tuberculosis. In compliance with it, 4166 cases were reported in 1894; 5818 in 1895, and 8344 in 1896, and the Department was enabled without opposition, or the imposition of undue hardship upon individuals, to extend its educational work and protect a large number of persons from exposure to infection. By the year 1907 the Department was receiving annually reports of over 22,000 cases.

In order to establish more firmly, and to extend the work carried on under the resolutions above mentioned, on January 19, 1897, the following amendment to the Sanitary Code was adopted by the Board of Health.

"Section 153.—That pulmonary tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in this city to report to the Sanitary Bureau in writing the name, age, sex, occupation, and address of every person having such disease who has been attended by, or who has come under the observation of, such physician for the first time, within one week of such time. It shall also be the duty of the commissioners or managers, or the principal, superintendent, or physician of each and every public or private institution or dispensary in this city, to report to the Sanitary

Bureau in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation, and last address of every person afflicted with this disease, who is in their care, or who has come under their observation within one week of such time. It shall be the duty of every person sick with this disease, and of the authorities of public and private institutions or dispensaries, to observe and enforce all the sanitary rules and regulations of the Board of Health for preventing the spread of pulmonary tuberculosis."

(In the present Sanitary Code, Sections 133 and 138, all forms of tuberculosis are considered to be infectious and communicable.)

The objects in view were both to prevent the extension of pulmonary tuberculosis, and also to promote the recovery of those already suffering with the disease. The Health Department estimates that 85 per cent. of all living cases are reported. This system of registration has resulted in a steady reduction of the death-rate from tuberculosis, in spite of the large increase in population. The activities of the Health Department of Greater New York may be summarized along the five following lines:

1. All cases of pulmonary tuberculosis occurring in the city of New York are registered at the Department of Health.
2. Every person suffering from pulmonary tuberculosis is furnished with instructions as to the measures to be taken to prevent its extension.
3. All premises which have been occupied by persons suffering from pulmonary tuberculosis are, on death or removal, disinfected with formaldehyde, or renovation is ordered.
4. Charitable assistance or hospital care is provided so far as is possible for all cases wishing or requiring such assistance or care.
5. The general public is educated as to the nature of the disease, the precautions to be taken against its spread, the advisability of institution and sanatorium treatment, etc.

The Health Department conducts three special tuberculosis clinics, a hospital for advanced cases, and a sanatorium for incipient cases. The Department of Charities conducts a large hospital on Blackwell's Island and is building a hospital of eight hundred beds on Staten Island.

The educational work of the Health Department includes the distribution of literature in large quantities, holding of exhibitions, and the giving of free public lectures.

Dr. Thomas Darlington, President, Board of Health.
Dr. Hermann M. Biggs, Medical Officer.
Dr. John S. Billings, Jr., Chief of Division of Communicable Diseases.
Robert W. Hebbard, Commissioner of Charities.

Rochester (200,000)

The anti-spitting ordinance of 1900 is "indifferently" enforced. Tuberculosis was declared an infectious disease and made reportable in 1900. The health officer says of this ordinance, "There are now more reports than deaths." He estimates "perhaps 25 to 33 per cent." are reported. Premises are not disinfected by the Board of Health. Circulars are distributed to patients and the public. One visiting nurse is employed by the Board. Dr. G. W. Goler, Health Officer.

Schenectady (77,666)

An anti-spitting ordinance, passed in 1906, is "fairly well" enforced. A new sanitary code adopted in 1908 makes tuberculosis a communicable disease to be reported to the Board of Health. Premises are disinfected at death or removal. A municipal tuberculosis dispensary was opened in 1908. Dr. Charles C. Duryee, Health Officer.

Syracuse (122,000)

A comprehensive anti-spitting law was passed on February 4, 1908. A vigorous enforcement of the law has been carried on. Tuberculosis was declared to be an infectious disease on February 4, 1908, and has since been required to be reported. A considerable amount of literature is distributed to physicians and the public. Premises are disinfected at death and removal. The Board of Health opened a free tuberculosis dispensary in 1908. By coöperation with private organizations the Health Department carries on a wide educational campaign. Dr. David M. Totman, Health Officer.

Troy (77,650)

An anti-spitting ordinance, passed February 9, 1904, is "quite effectively" enforced.

There is no local ordinance requiring registration of tuberculosis, but the State law passed in 1908 is used.

Premises are disinfected, in accordance with the law. The distribution of circulars was begun in 1908.

The city of Troy and county of Rensselaer will build a hospital for tuberculosis; \$25,000 has been appropriated for this work.

Dr. C. E. Nichols, Health Officer.

Utica (72,000)

There is a local anti-spitting ordinance, but it is not enforced.

There is no local notification ordinance.

Premises are disinfected, and literature furnished by the State is distributed.

Dr. Frederick Ford, Health Officer.

Yonkers (72,000)

An anti-spitting ordinance, passed on April 9, 1897, was made more comprehensive by an ordinance of April 16, 1907. It is well enforced.

By a special ordinance tuberculosis was declared an infectious disease and made reportable on December 13, 1893. The health officer says: "Physicians were very lax in reporting cases up to March, 1905. Since that date, probably 50 per cent. of the cases are reported."

Premises are disinfected at death and removal. No literature, other than cards to physicians, is distributed.

The city is preparing (1908) to erect a municipal hospital.

Dr. Morris Wolf, Health Officer.

NORTH CAROLINA**STATE LEGISLATION**

1907.—An act was passed providing for separation in State prisons of prisoners afflicted with tuberculosis.

1907.—An act was passed establishing the North Carolina State Sanatorium for the Treatment of Tuberculosis, twelve directors to be elected by the General Assembly for eight years, and providing for \$15,000 appropriation, and an annual appropriation of \$5000. A site was chosen at Montrose, and the institution will open in August, 1908.

The State Text-Book Commission has inserted a chapter on Consumption in all of the text-books on physiology.

Dr. Richard H. Lewis, Raleigh, Secretary, State Board of Health.

NORTH DAKOTA

STATE LEGISLATION

1906.—A set of regulations "for the prevention and mitigation of infectious and contagious diseases" was adopted by the State Board of Health, having the force of law. These regulations provide that tuberculosis be reported; that premises and clothing be disinfected at death and removal of tuberculous patients; that school boards be forbidden to employ teachers having tuberculosis; and that tuberculous children be kept out of schools.

The Board also carries on an active campaign through newspapers and by distributing circulars.

Dr. J. Grassick, Grand Forks, Secretary, State Board of Health.

OHIO

STATE LEGISLATION

1902.—An act was passed creating a State Tuberculosis Commission, consisting of seven members, appointed by the governor, to investigate the feasibility of establishing sanatoria in the State, and to report to the governor by May, 1903. An appropriation of \$500 was provided.

1904.—An act was passed providing for the creation of a commission, consisting of five, to purchase lands and erect a State sanatorium

for tuberculosis, and to make provision for the appointment of a managing board, etc. Thirty-five thousand dollars was appropriated for this work. The new institution will be located at Mount Vernon.

1908.—An act was passed which provided that "It shall be unlawful to keep any person suffering from pulmonary tuberculosis in any county infirmary, except in separate buildings to be provided and used for that purpose only." The act provides for the erection by counties of suitable sanatoria, or for the boarding of tuberculous patients from one county in sanatoria in another.

1908.—The Legislature passed a bill providing for the government of, and regulating the admission of patients to, the State sanatorium, and arranging for pay patients.

The Board of Health is most active in anti-tuberculosis work, and carries on constant agitation through the press and by other means. The State does not require compulsory notification of tuberculosis. Dr. C. O. Probst, Columbus, Secretary, State Board of Health.

MUNICIPAL LEGISLATION

Akron (60,000)

There is an ordinance prohibiting spitting in public places.

There is no notification or registration ordinance.

Premises are sometimes disinfected at death or removal.

Dr. A. A. Kohler, Health Officer.

Canton (45,000)

An ordinance was passed in 1907, prohibiting spitting in public places. "It is enforced very well on the street-car lines. It is being better observed on the sidewalks."

An ordinance compelling the reporting of tuberculosis was passed in 1907. The health officer estimates that physicians report "all cases that come under their care."

Premises are disinfected at death and removal.

The Board of Health employs a visiting nurse for all classes of sick poor.

Cleveland (515,000)

The anti-spitting ordinance, adopted in the Health Regulations of 1905, is rigidly enforced. Sixty-nine arrests have been made in one month for violations of this ordinance.

Tuberculosis has been reportable since 1904. The law has been more strictly enforced since 1907, with the result that "at least 30 per cent." of all cases are reported.

Premises have been disinfected at death and removal since 1901.

The city of Cleveland has two sanatoria; one in the city, for advanced cases; and one ten miles outside of the city, for incipient cases.

The sale of milk and the sweeping and cleaning of streets are also very carefully regulated, this helping to reduce the mortality from tuberculosis.

By lectures and through the press the subject of tuberculosis is kept before the people.

Dr. Martin Friedrich, Health Officer.

Cincinnati (380,000)

There is an anti-spitting ordinance, but it is very poorly enforced. By a regulation of the Board of Health tuberculosis has been reportable since 1898. The health officer says it is "well enforced," and adds that "a large percentage of cases are being reported each year."

Premises are disinfected at death and removal, and pamphlets are distributed to physicians and patients.

The Board of Health conducts a tuberculosis dispensary. The city has also a branch hospital for tuberculosis, accommodating 120 patients.

The Board of Health employs two visiting nurses.

Dr. Mark A. Brown, Health Officer.

Columbus (190,000)

A comprehensive anti-spitting ordinance was passed on January 16, 1906, but it is "not very well" enforced.

Tuberculosis was made reportable by an ordinance of February,

1906. The health officer estimates that 25 per cent. of all cases are reported.
Premises are disinfected on death and removal. No literature, except that furnished by the State Board of Health, is distributed.
The Academy of Medicine has decided to report all cases of tuberculosis promptly, and this should have a beneficial effect.
Franklin County erected a sanatorium near Columbus in 1908.
Dr. E. G. Horton, Health Officer.

Dayton (125,000)

An ordinance prohibiting public spitting was passed November 23, 1900. It is not "very strictly" enforced.
Reporting of tuberculosis is required by a regulation of the Board of Health, but it is "not very well enforced."
Premises are disinfected when requested by parties interested.
William B. Wright, Clerk, Board of Health.

Springfield (45,000)

The anti-spitting ordinance of December 14, 1906, is "very well" enforced.
The Health Code makes tuberculosis reportable as a disease "dangerous to the public health." This was begun in January, 1908. In the first three months of its operation the law secured the reporting of thirty-seven cases.
Premises have been disinfected at death and removal since April, 1907. Circulars are distributed to patients and others.
Dr. Henry Baldwin, Health Officer.

Toledo (187,453)

The city has an anti-spitting ordinance, but it is poorly enforced.
Tuberculosis is not officially recognized as a communicable disease, and there is no notification ordinance or regulation. The health officer estimates that but a fraction of 1 per cent. of all cases are reported.
Premises are disinfected at request of a doctor or family. Literature is distributed to families when cases are reported to the Board of Health.
Dr. J. C. Reinhart, Health Officer.

LEGISLATION

OHIO, OKLAHOMA, OREGON

Youngstown (65,000)

An ordinance prohibiting spitting in public places was passed on January 6, 1902. It is "not very well" enforced.

An ordinance compelling the reporting of tuberculosis was passed on February 6, 1905, but only about 20 per cent. of all cases are reported.

Premises are disinfected at death and removal, and literature is distributed to patients and physicians.

Dr. H. E. Welch, Health Officer.

OKLAHOMA

STATE LEGISLATION

There is no legislation affecting tuberculosis.

Dr. J. C. Mahr, Shawnee, Superintendent, State Board of Health.

OREGON

STATE LEGISLATION

1905.—Under the rules and regulations of the State Board of Health promulgated in 1905, tuberculosis is made one of the diseases to be reported by the Health Officer within twenty-four hours after date of discovery. The attempts to enforce this law have been unsuccessful.

There is no anti-spitting law (State) except under the above-mentioned rules and regulations.

There is no further legislation concerning tuberculosis.

Dr. Robert C. Yenney, Portland, State Health Officer.

MUNICIPAL LEGISLATION

Portland (225,000)

Spitting in public places is forbidden, but the law is "very poorly" enforced and few arrests are made.

Reporting of tuberculosis is not required by ordinance, and only "about 1 per cent." of cases are returned.

Premises are disinfected and literature furnished by the State Board of Health is distributed.

Dr. E. C. Pohl, Health Officer.

PENNSYLVANIA

STATE LEGISLATION

1903.—An act was passed authorizing the Commission of Forestry to erect and manage a State Sanatorium for Consumptives, same to be located in the State forestry reservation near Mt. Alto. Eight thousand dollars was appropriated for this purpose.

1905.—A General Health Act of 1905 defines the duties of local boards of health, and gives them power to make rules and regulations governing the control of persons afflicted with infectious diseases, tuberculosis being mentioned in this class.

1907.—An act was passed authorizing the Department of Health, with the approval of the governor, to establish sanatoria for indigent persons afflicted with incipient tuberculosis. These may be located in the forestry reservation. Six hundred thousand dollars was appropriated for this purpose.

The same legislature authorized the transfer of the sanatorium at Mt. Alto, established in accordance with the above-mentioned act of 1903, from the Commissioner of Forestry, to the Department of Health, same to be used for sanatorium for the treatment of incipient tuberculosis. This, together with South Mountain Camp, is the nucleus of the new State sanatorium.

1907.—The same legislature, 1907, in the General Appropriations Act, passed a provision granting \$400,000 to the State Department of Health to "establish and maintain at such places in the State as may be deemed necessary, dispensaries for free treatment of indigent persons afflicted with tuberculosis."

Several acts at different times have been passed appropriating money to private institutions for the treatment of tuberculosis.

The earliest of these is one passed on June 2, 1903, making an appropriation to Rush Hospital for Consumption and Allied Diseases in Philadelphia. State appropriations have been made also to the Free Hospital for Consumptives at White Haven, and in 1907, \$5000 was appropriated for two years to the West Mountain Sanatorium at Scranton.

The Department of Health in 1908 established sixty-seven dispensaries, one in each county of the State. From these as centers a large amount of educational work is done, in addition to the treatment afforded.

MUNICIPAL LEGISLATION

Altoona (65,000)

By rule of the Board of Health, spitting was prohibited in 1904. "There is very little spitting."

Tuberculosis has been reportable since 1904, a rule of the Board of Health including it in the list of infectious diseases. "About 50 per cent." of all cases are reported.

Premises are disinfected at death and removal.

The Board of Health does a considerable amount of educational work in the schools and before the general public.

Dr. F. G. Herbert, Health Officer.

Erie (65,000)

A comprehensive anti-spitting regulation was adopted on July 5, 1901, but it is enforced "in street-cars only."

Under the State law requiring the reporting of tuberculosis, only about 10 per cent. of all cases are reported.

Premises are disinfected at death and removal.

Dr. Clare E. Welsh, Secretary Board of Health.

Harrisburg (75,000)

An anti-spitting ordinance was passed on February 27, 1905.

Since January 1, 1908, the State law compelling notification of tuberculosis has been "rigidly" enforced.

Premises are disinfected at death and removal.

Charles A. Miller, City Clerk.

Johnstown (70,000)

An anti-spitting ordinance passed in 1903 is now a "dead letter."

There is a local ordinance requiring the reporting of tuberculosis, passed in 1907. About 25 per cent. of all cases are reported.

Dr. George Hay, Health Officer.

McKeesport (50,000)

A rule of the Board of Health of September 14, 1907, forbidding spitting in public places "is enforced rigidly."

There is no local notification ordinance.

Dr. F. W. Hooper, Health Officer.

Philadelphia (1,532,738)

An anti-spitting ordinance was passed on March 9, 1903. It is "only fairly" well enforced.

The State registration and notification law is enforced, with the result that "about 75 per cent." of all cases are reported.

Premises are disinfected at death and removal. Circulars are distributed to patients.

The Department of Public Health and Charities provides 300 beds for tuberculous patients at the Philadelphia General Hospital and its annex at Byberry. In 1907 an appropriation of \$16,900 was asked to establish a municipal dispensary for tuberculosis, but no grant was made up to August 1, 1908.

District physicians and district druggists supply medical attention and medicine to poor patients.

The Department of Health also employs a corps of medical inspectors for schools and tenement-houses.

Dr. Joseph S. Neff, Director of the Department of Public Health and Charities.

Pittsburg (500,000)

There is a city ordinance against spitting, passed July 19, 1906.

"It is very generally enforced throughout the city, both in the street-cars and on the sidewalks."

Notification of cases of pulmonary tuberculosis is obligatory by State law, the enforcement of which was begun in a systematic way in Pitts-

LEGISLATION

PENNSYLVANIA

burg in 1907. The law has "not been fully complied with, although a persistent effort is being made to have all cases reported." Disinfection of premises after death or removal of tuberculous patients is done by the bureau of health. The bureau has been distributing certain printed matter, and, through the dispensaries, information for the consumptive and those living with him. The city maintains a hospital for consumptives at Marshaken. The Board of Health also cooperates with the State Dispensary and the local Anti-Tuberculosis League. The Board employs two nurses, one of whom acts as a tenement-house inspector. Lectures are frequently given by the Health Bureau. Dr. J. F. Edwards, Superintendent, Bureau of Health.

Reading (36,000)

An anti-spitting ordinance was passed in 1900, but it is not enforced, as "no arrests have ever been made for its violation." A resolution of the Board of Health of September 1, 1904, declared tuberculosis an infectious disease, and made it reportable. But "as a rule, cases are only reported in the last stages." Premises are disinfected at death and removal. Dr. F. B. Heine, Secretary, Board of Health.

Scranton 127,000.

An anti-spitting ordinance was passed in January, 1907. It is well enforced at public crossings where police are stationed, but not elsewhere. The State Registration Law has been enforced since 1908, but "not over 10 per cent." of all cases are reported. Premises are disinfected at death and removal. Dr. W. E. Keller, Superintendent, Bureau of Health.

Williamsport 32,000.

An anti-spitting ordinance of 1905 is "not very well" enforced. Reporting of tuberculosis cases has been required by the Board of Health since 1905, but "practically none" are reported. Premises are disinfected at death and removal. Dr. Charles Youngman, Health Officer.

LEGISLATION

PENNSYLVANIA, PHILIPPINE ISLANDS, RHODE ISLAND

Wilkes-Barre (80,000)

There is no regulation or ordinance against public spitting.

There is no local ordinance requiring the reporting of tuberculosis and the State law is not enforced.

Premises are disinfected only when requested by the family physician.
Dr. Thomas C. Parker, Health Officer.

York (49,000)

An anti-spitting ordinance, passed in 1907, is "poorly" enforced.

Under the State registration law, the chairman of the Board of Health estimates that 75 per cent. of all cases are reported.

Premises are disinfected at death and removal. Literature, printed by the local Board of Health, is distributed.

Dr. J. H. Bennett, Chairman, Board of Health.

PHILIPPINE ISLANDS

MUNICIPAL LEGISLATION

Manila (219,928, census 1904)

The Sanitary Code, which went into effect January 1, 1907, contains a section forbidding public spitting.

This Code contains also a section which requires the reporting of tuberculosis.

The Sanitary Code requires that all milch or dairy animals supplying milk to the city be tuberculin tested.

The Bureau of Health distributes a pamphlet on tuberculosis and does effective work in enforcing the Sanitary Code.

Dr. Victor G. Heiser, Director of Health.

RHODE ISLAND

STATE LEGISLATION

1894.—Definite legislation in regard to tuberculosis in Rhode Island dates back to 1894, when an act was passed authorizing the State

Board of Health to investigate the causes and prevention of tuberculosis, and appropriating \$1000 for this purpose.

1901.—One thousand dollars was appropriated for an investigation as to causes and prevention of tuberculosis.

1902.—An act was passed providing that the governor appoint five persons as a commission for a State sanatorium for consumptives, said commission to select site, to present specifications for a sanatorium, and to report to the Legislature within one year. Two thousand and five hundred dollars was appropriated for the expenses of the commission.

1903.—The commission was continued and authorized at the same time to erect and equip a sanatorium for consumptives, and to report annually until the work was done. Seventy-five thousand dollars was appropriated for this purpose.

1904.—Twenty-four thousand dollars was added to complete the State Sanatorium for Consumptives.

1905.—An act was passed creating a board of trustees for the State Sanatorium for Consumptives, and providing for its organization and management.

1906.—A third appropriation was made to the Board of Health, this time \$1500 for the study and control of tuberculosis.

1907.—An act was passed changing the name of the State Sanitarium to the State Sanatorium.

Dr. Gardner T. Swarts, Providence, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Pawtucket (48,000)

An anti-spitting ordinance, passed in 1906, is "very well" enforced. There is no ordinance or regulation requiring the reporting of tuberculosis and it is not officially recognized as yet as a communicable disease.

Dr. B. W. Richards, Superintendent of Health.

Providence (213,000)

There is an anti-spitting ordinance, adopted in 1899. This has been actively enforced and is "quite well observed."

LEGISLATION

SOUTH CAROLINA, SOUTH DAKOTA, TENNESSEE

Tuberculosis was declared an infectious disease and made reportable in 1903.

Premises are disinfected only on request of parties interested.

Some literature is circulated by the local Board of Health in addition to that furnished by the State Board of Health.

The Board of Education, in 1908, established the first fresh-air school in this country.

Dr. Charles V. Chapin, Superintendent of Health.

SOUTH CAROLINA

STATE LEGISLATION

1908.—The only legislation affecting tuberculosis in any way which South Carolina has passed is a bill passed in 1908, which reorganizes the Health Department of the State and provides for a Commissioner of Health, and gives the Health Board a small fund for fighting tuberculosis.

Dr. C. F. Williams, Columbia, Secretary State Board of Health.

SOUTH DAKOTA

STATE LEGISLATION

Inasmuch as the State allows the Health Department of South Dakota only \$600 a year for its entire budget, there is little work that can be done in the way of anti-tuberculosis effort.

No legislation has been passed affecting tuberculosis.

Dr. H. A. Peabody, Webster, Superintendent State Board of Health.

TENNESSEE

STATE LEGISLATION

1905.—An act was passed providing for the registration of communicable diseases, not specifying tuberculosis.

1907.—A pure food law, passed in 1907, should have some effect on tuberculosis.

1907.—An act was passed providing that proprietors of stores, factories, hotels, and theatres furnish cuspidors, and making it a misdemeanor to spit in public places.

The State Board of Health has been active, distributing literature, etc., to prevent the spread of tuberculosis.

Dr. J. A. Albright, Nashville, State Commissioner of Health.

MUNICIPAL LEGISLATION

Chattanooga (60,000)

An anti-spitting ordinance, passed in 1904, is "well enforced."

An ordinance compelling the notification of tuberculosis was passed in 1905. It is poorly enforced, only about 10 per cent. of the cases being reported.

Premises are disinfected at death and removal.

Some tuberculous patients are treated at the city dispensary and the city and county hospital.

Knoxville (53,000)

An anti-spitting ordinance was passed in 1904. It is "fairly well" enforced.

Pulmonary tuberculosis was listed as an infectious disease and made reportable in 1906. The health officer says, "at present (1908) probably 80 per cent. are reported; percentage reported is constantly increasing."

Premises are disinfected at death and removal. Circulars are distributed to tuberculous cases.

Dr. William R. Cochrane, Secretary Board of Health.

Memphis (155,000)

An anti-spitting ordinance was passed in 1905. In 1907 and 1908 several arrests were made and convictions secured, with the result that the law is "very well" enforced.

Reporting of tuberculosis was made compulsory in 1908.

Premises are disinfected at death and removal. Circular letters are sent out to physicians at intervals.

Dr. J. L. Andrews, President Board of Health.

LEGISLATION

TENNESSEE, TEXAS

Nashville (124,769)

An anti-spitting ordinance was passed on April 12, 1898. It is "well enforced" in public buildings and cars.

Notification is required by the Board of Health. In 1907 19 per cent. of the number of deaths were reported.

The city in 1908 appropriated \$15,000 to build a municipal hospital. Dr. W. E. Hebbertson, Health Officer.

TEXAS

STATE LEGISLATION

There has been no legislation directly dealing with tuberculosis passed by the Legislature of Texas.

1904.—A law passed by the Legislature of 1904 compelled the disinfection of railroad passenger and sleeping-cars and public buildings.

1905.—Under regulations of the Board of Health of 1905, common carriers are required to keep cuspidors in the cars. On account of the insufficient number of inspectors, this law is not fully enforced.

1907.—A bill was introduced, carrying with it an appropriation of \$150,000 and providing for a State Sanatorium. The bill passed the house, but was killed in the Senate.

1907.—The State Board of Health, together with some of the municipal bodies, endeavored to enforce a regulation restraining railroads from bringing consumptives into the State, but this was unsuccessful and the regulation was rescinded.

Dr. W. M. Brumby, Austin, State Health Officer.

MUNICIPAL LEGISLATION

Galveston (39,000)

An anti-spitting ordinance, passed in 1903, is "well enforced."

Notification of living cases of tuberculosis is required by an ordinance of 1907. The ordinance is "rigidly enforced."

LEGISLATION

TEXAS, UTAH

Premises are disinfected at death and removal.

Dr. C. W. Trueheart, Health Officer.

Houston (75,000)

An anti-spitting ordinance of 1904 is "strictly" enforced.

Tuberculosis is not officially recognized as a communicable disease and is not reportable.

Premises are disinfected at request of householder.

Dr. George W. Larenden, Health Officer.

San Antonio (100,000)

An anti-spitting ordinance was passed on January 15, 1900. It is "strictly" enforced owing to the abnormally large number of consumptives in the city.

Tuberculosis is not officially recognized as a communicable disease and is not reportable.

Dr. H. D. Barnitz, President Board of Health.

UTAH

STATE LEGISLATION

1905.—The laws of 1905 amend the former section of 1898 concerning dangerous and infectious diseases, now including tuberculosis in this class.

1905.—In the same year a law was passed providing that attending physicians in public hospitals report cases of tuberculosis to the State Board of Health, fixing a penalty for the failure to do so.

1908.—Following a recommendation of the Governor, the various State educational institutions will devote some time each year to the study of the causes and means of prevention of tuberculosis.

Dr. T. B. Beatty, Salt Lake City, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Ogden (35,000)

Spitting is prohibited by an ordinance of 1904. The ordinance is "very well" enforced.

LEGISLATION

UTAH, VERMONT

Tuberculosis has been reportable since 1904. Since the number of cases is very small, "practically" all are reported.

Salt Lake City (85,000)

An anti-spitting ordinance was passed in 1903. It is "not rigidly" enforced, "only an occasional arrest" being made.

Tuberculosis is not included in the list of diseases to be reported to the Board of Health.

Premises are sometimes disinfected at death and removal. No literature bearing especially on tuberculosis is distributed, though some circulars on contagious diseases in general are given out in the schools.

Dr. N. R. Stewart, Health Commissioner.

VERMONT

STATE LEGISLATION

1902.—A commission of five was appointed by the governor to investigate the extent of tuberculosis, and the necessity of a sanatorium for the treatment of the same, to report in two years. This was done by authority of an act passed in 1902.

1902.—The same year an act was passed providing that physicians be required to notify the State Board of Health of tuberculous patients, and that the board send circular letters, etc., to prevent the spread of tuberculosis.

1902.—An act of 1902 prohibits spitting in railroad cars, street-cars, and railroad stations. In 1906 this act was extended to cover sidewalks and public buildings. This act is very well enforced.

1904.—An act was passed creating a tuberculosis commission to serve two years to educate the people as to the nature and cause of tuberculosis, and to report to the Legislature of 1906. Four thousand dollars was appropriated for this work.

1906.—The governor was given the power to appoint a tuberculosis commission of three to continue the work of the commission created by the act of 1904.

Dr. Henry D. Holton, Brattleboro, Secretary State Board of Health.

VIRGINIA**STATE LEGISLATION**

1901.—Chapter 333 of the Laws of 1901 makes it a misdemeanor to expectorate on church floors or aisles.

1902.—This law was further amended in 1902, and imposed a penalty from \$1 to \$10 for expectorating in electric cars.

1906.—The law was again amended by an act prohibiting spitting in all public places.

1908.—A new health law was passed. This law gives the State Board of Health increased powers, and also provides for better coördination of the local boards. This law also provides for a special investigation on the part of the State Board of Health with regard to tuberculosis.

1908.—Another act was passed, making it mandatory upon the sheriff, superintendent of the poor, or any other person in charge of the public institutions in a city, town, or county in the State, to isolate all cases of tuberculosis from the rest of the inmates of such institutions. The provisions of this act must be complied with before July 1, 1908, or else the community will be liable to a heavy penalty.

The same act provided that apartments infected by tuberculous patients must be disinfected before being occupied again.

The State Board of Health is engaged in an active campaign against tuberculosis.

Dr. Ennion G. Williams, Richmond, Commissioner of Health.

MUNICIPAL LEGISLATION**Norfolk (70,130)**

An anti-spitting ordinance, passed in 1899, is enforced "not at all well."

An ordinance requiring the reporting of tuberculosis was presented to the city council in 1908 and will probably be passed.

Premises are disinfected at death and removal, and circulars are distributed to patients.

The city in 1908 appropriated \$1000 to the Anti-Tuberculosis League of Norfolk toward running a dispensary. Six hundred dollars was also appropriated for the erection of some tents and a small building at the almshouse.

Richmond (128,500)

There is a local anti-spitting ordinance, besides the comprehensive State law on this subject. It is "fairly well" enforced.

Physicians have been required to report tuberculosis since August, 1906. The Board of Health has been very successful in securing reporting. In 1907 there were 346 cases reported, with 262 deaths.

Premises are disinfected at death and removal. Literature is distributed in large quantities to patients and physicians.

The Board of Health conducts two special tuberculosis dispensaries, one for white and one for colored patients. The Board of Health also employs two visiting nurses. A large amount of educational work is also done by lectures and in other ways.

Dr. E. C. Levy, Chief Health Officer.

WASHINGTON

STATE LEGISLATION

1899.—An act was passed authorizing that physicians in cities of the first class and second class report all tuberculous patients to local Boards of Health, the State Board to furnish the patients printed instructions to prevent the spread of the disease.

1907.—A bill to establish a State sanatorium was introduced, but failed of passage.

Dr. Elmer E. Heg, Seattle, Secretary State Board of Health.

MUNICIPAL LEGISLATION

Seattle (250,000)

An anti-spitting ordinance, passed May 13, 1907, is "only fairly well" enforced.

LEGISLATION

WASHINGTON, WEST VIRGINIA

Tuberculosis was placed in the list of infectious diseases and was made reportable on May 10, 1907. The ordinance is "not very well enforced," but conditions are improving.

Premises are disinfected at death and removal.

The Health Department was reorganized in 1908 and plans were made for a comprehensive anti-tuberculosis campaign.

Dr. J. E. Crichton, Commissioner of Health.

Spokane (108,675)

An anti-spitting ordinance was passed on October 18, 1901. It is enforced "intermittently, with vigor; at times, not at all."

Tuberculosis was included in the list of diseases to be reported in 1901. The health officer estimates that "about one in ten" cases are reported.

Premises are disinfected at death and removal. Circulars are distributed to patients and their families.

Dr. M. A. Grieve, Health Officer.

Tacoma (100,000)

An anti-spitting ordinance was passed in 1908. It is enforced "very well in street-cars."

Tuberculosis was made reportable in 1906. The Commissioner of Health estimates that 75 per cent. of all cases are reported.

Premises are disinfected at death and removal.

Dr. A. de Y. Green, Commissioner of Health

WEST VIRGINIA

STATE LEGISLATION

1908.—A special session of the State Legislature adopted a resolution appointing a committee of five to make a study of the tuberculosis situation in West Virginia, and to report on the methods, construction, and operation of a State sanatorium for consumptives. Such commission was also to locate a site for said sanatorium. This is the first indication of legislative activity along the line of anti-tuberculosis effort that has been taken in West Virginia.

Dr. H. A. Barbee, Point Pleasant, Secretary State Board of Health

MUNICIPAL LEGISLATION**Wheeling (42,000)**

An anti-spitting ordinance was passed November 11, 1902. It is being better enforced in 1908 than ever before.

A special ordinance, passed April 14, 1908, made the reporting of tuberculosis compulsory.

Premises are disinfected at death and removal. Literature is distributed to patients and physicians. The campaign begun in April, 1908, bids fair to show good results.

Dr. W. H. McLain, Health Officer.

WISCONSIN**STATE LEGISLATION**

1903.—An act was passed authorizing the governor to appoint three commissioners to investigate conditions relative to tuberculosis, and to report on the feasibility of a State sanatorium in 1904.

1905.—An act was passed authorizing that 2000 copies of the report of the above commission be printed.

1905.—An act was passed providing for the establishment of a State sanatorium for tuberculosis. Ninety thousand dollars was appropriated by this act for construction and \$25,000 for maintenance.

1907.—An additional amount of \$30,000 was appropriated for construction purposes and \$40,000 for maintenance for this institution.

1907.—Chapter 93 of the laws of 1907 amends the health laws so that tuberculosis is included in the list of diseases that must be reported by the attending physicians to the department of health in their own city. This act also provides for the disinfection and renovation of premises after death or removal of a tuberculous patient.

Dr. C. A. Harper, Madison, Secretary State Board of Health.

MUNICIPAL LEGISLATION**La Crosse (30,000)**

An anti-spitting ordinance was passed in 1902. By placarding all the public buildings in town and the street-corners the "danger of spitting is very generally understood, and there is very little trouble."

The State law is well enforced. The health officer personally visits about two-thirds of the tuberculosis cases in the city and gives instructions to patients.

Premises are disinfected at death and removal.

Dr. A. M. Murphy, Health Officer.

Milwaukee (360,000)

An anti-spitting ordinance was passed in 1905. It is "well enforced."

There is no local ordinance requiring the reporting of tuberculosis, but the State law on this subject is "stringently enforced."

Premises are disinfected and renovated at death and removal.

Circulars are distributed to the public from time to time.

There is an excellent milk ordinance, which is strictly enforced.

There is also a good tenement-house ordinance.

Dr. G. A. Bading, Commissioner of Health.

Oshkosh (30,000)

An anti-spitting ordinance was passed in 1905. It is well enforced, and "any one found spitting in a public place is arrested and fined."

There is no local ordinance requiring the reporting of tuberculosis and no effort is made to enforce the State law.

Premises are disinfected at death.

One visiting nurse is employed by the Board of Health.

Dr. A. H. Broche, Health Officer.

Racine (35,000)

An anti-spitting ordinance was passed in November, 1906. "It is reasonably well enforced."

LEGISLATION

WISCONSIN, WYOMING, UNITED STATES

On April 10, 1908, the local Board of Health started to enforce the State law compelling the reporting of tuberculosis.

Premises are disinfected at death and removal. Circulars are distributed to physicians.

One visiting nurse is employed by the Health Department.

Dr. Henry C. Baker, Health Officer.

WYOMING

STATE LEGISLATION

There is no legislation affecting tuberculosis.

Dr. Amos W. Barber, Cheyenne, Secretary State Board of Health.

UNITED STATES

NATIONAL LEGISLATION

1906.—On February 28, 1906, President Roosevelt issued an executive order requiring that persons afflicted with tuberculosis, who were working in the government in any of its departments, should follow certain rules and regulations tending to prevent the spread of tuberculosis among their fellow-employees. The three rules which must now be observed by all government employees in all branches of the service are: first, all persons who are employed in the government service are positively forbidden to spit on the floors; second, the tuberculous employee must not spit in the public spittoons, but must provide himself with an individual sputum receiver; third, all tuberculous employees must also provide their own drinking glasses, soap and towels, and they shall not use any others. The order also provides that notices be posted in all government buildings forbidding promiscuous spitting, and that special provision be made for the sanitation and ventilation of all government buildings.

1907.—The 59th Congress passed a resolution providing that the Commissioner of Indian Affairs, under direction of the Secretary

LEGISLATION

UNITED STATES

of the Interior, make an investigation and report to Congress on the desirability of establishing a sanatorium for the treatment of Indians afflicted with tuberculosis.

Such an investigation is now (1908) being made, but no more definite action has been taken than to circularize the various persons interested in Indian affairs to solicit their coöperation in the anti-tuberculosis campaign.

TYPICAL LAWS

I. NOTIFICATION LAWS

The full texts of the notification and registration laws of New York, District of Columbia, and Wisconsin are herewith given. The New York law is the most comprehensive of the three and deals only with tuberculosis. This act is patterned largely after the Maryland law, but includes several new features of value. The District of Columbia law is a shorter act, but similar to the New York law. The Wisconsin law is of a different character from the other two. In this law tuberculosis is included in the list of diseases to be reported, but several sections deal specifically with this disease.

NEW YORK

AN ACT defining the powers and duties of local health officers and boards of health in the matter of the protection of the people of the State of New York from the disease known as tuberculosis.

Became a law, May 19, 1908, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. *Reports by physicians and others.*—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the state of New York, to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the city, town or village in which said person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum or other similar private or public institution in said state of New York to report in like manner the name, age, sex, color,

occupation, place where last employed if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

Sec. 2. *Examination of sputum.*—It shall be the duty of every health officer of a city, town or village, when so requested by any physician, or by authorities of any hospital or dispensary, to make or cause to be made a microscopical examination of the sputum forwarded to him as that of a person having symptoms of tuberculosis, which shall be forwarded to such officer accompanied by a blank giving name, age, sex, color, occupation, place where last employed if known, and address of the person whose sputum it is. It shall be the duty of said health officer promptly to make a report of the results of such examination, free of charge, to the physician or person upon whose application the same is made.

Sec. 3. *Protection of records.*—It shall be the duty of every health officer of a city, town or village to cause all reports made in accordance with the provisions of the first section of this act, and also all results of examinations, showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of second section of this act, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the state and of the said city, town or village, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this act.

Sec. 4. *Disinfection of premises.*—In case of the vacation of any apartment or premises by the death or removal therefrom of a person having tuberculosis, it shall be the duty of the attending physician, or if there be no such physician, or if such physician be absent, of the owner, lessee, occupant, or other person having charge of the said apartments or premises, to notify the health officer of said city, town or village, of said death or removal within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly disinfected, cleansed or renovated as hereinafter provided.

Sec. 5. *Health officer to direct disinfection, cleansing or renovation.*—When notified of the vacation of any apartments or premises as provided in section four hereof, the local health officer or one of his assistants or deputies, shall within twenty-four hours thereafter visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and said

health officer shall determine the manner in which such apartments or premises shall be disinfected, cleansed or renovated in order that they may be rendered safe and suitable for occupancy. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense, or, if the owner prefers, by the owner at his expense, to the satisfaction of the health authorities. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to this effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instruction of the health authorities, and such cleansing and renovation shall be done at the expense of the said owner or agent.

Sec. 6. *Prohibiting occupancy until order of health officer is complied with.*—In case the orders or directions of the local health officer requiring the disinfection, cleansing or renovation of any apartments or premises or any articles therein as hereinbefore provided, shall not be complied with within forty-eight hours after such orders or directions shall be given, the health officer may cause a placard in words and form substantially as follows to be placed upon the door of the infected apartments or premises:

"Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health officer directing their disinfection or renovation has been complied with. This notice must not be removed under the penalty of the law except by the health officer or other duly authorized official."

Sec. 7. *Prohibiting carelessness of a person having tuberculosis.*—Any person having tuberculosis who shall dispose of his sputum, saliva or other bodily secretion or excretion so as to cause offense or danger to any person or persons occupying the same room or apartment, house, or part of a house, shall on complaint of any person or persons subjected to such offense or danger, be deemed guilty of a nuisance and any persons subjected to such a nuisance may make complaint in person or writing to the health officer of any city, town, or village where the nuisance complained of is committed. And it shall be the duty of the local health officer receiving such complaint to investigate and if it appears that the nuisance complained of is such as to cause offense or danger to any person occupying the same room, apartment, house or part of a house, he shall serve a notice upon the person so complained of,

reciting the alleged cause of offense or danger and requiring him to dispose of his sputum, saliva or other bodily secretion or excretion in such a manner as to remove all reasonable cause of offense or danger. Any person failing or refusing to comply with orders or regulations of the local health officer of any city, town or village, requiring him to cease to commit such nuisance, shall be deemed guilty of a misdemeanor and on conviction thereof shall be fined not more than ten dollars.

Sec. 8. *Protection of patient's family.*—It shall be the duty of a physician attending a patient having tuberculosis to take all proper precautions and to give proper instructions to provide for the safety of all individuals occupying the same house or apartment, and if no physician be attending such patient this duty shall devolve upon the local health officer, and all duties imposed upon physicians by any sections of this act shall be performed by the local health officer in all cases of tuberculosis not attended by a physician, or when the physician fails to perform the duties herein specified, and shall so report.

Sec. 9. *Providing that physicians shall make a complete statement of procedure and precautions on a blank to be furnished by the health officer, et cetera.*—It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis as provided in section one of this act, a printed statement and report, in a form approved by the state commissioner of health, naming such procedures and precautions as in the opinion of the said commissioner are necessary or desirable to be taken on the premises of a tuberculosis patient. It shall be the duty of the local health authorities to print and keep on hand an ample supply of such statements and reports and to furnish the same in sufficient numbers to all local physicians. Upon receipt of such statement and report the physician shall either carry into effect all such procedures and precautions as are therein prescribed, and shall thereupon sign and date the same and return it to the local health officer without delay, or, if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report and immediately return the same to the local health officer and the duties therein prescribed shall thereupon devolve upon said local health officer who shall receive the fee hereinafter provided as payment of the services of the physician if he comply with the duties herein prescribed. Upon receipt of this statement and report the local health officer shall carefully examine the same, and if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the person having tuberculosis, the said local health officer shall issue an order upon the treasurer of the

city, town or village in favor of the attending physician for the sum of one dollar, thereupon to be paid out of a fund which shall be provided by said city, town, or village. If the precautions taken or instructions given by the attending physician are, in the opinion of the local health officer, not such as will remove all reasonable danger or probability of danger to the persons occupying the said house or apartments or premises the local health officer shall return to the attending physician the report with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give the additional instructions specified and shall record and return the same on the original report to the local health officer. It shall further be the duty of the local health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, in a form approved by the state commissioner of health, and printed by the local health authorities and issued in sufficient number to supply local physicians. Upon this requisition blank, shall be named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition. Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of the disease, and all local health officers shall honor, as far as possible, a requisition signed by the attending physician in such case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the state commissioner of health and which shall be provided in sufficient quantity by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease and of the precautions necessary to avoid transmitting the disease to others.

Sec. 10. *Penalty for failure of physician to perform duties or for making false reports.*—Any physician or person practising as a physician who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall wilfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

LESZLA TRAN

NOTIFICATION LAWS

Sec. 11. Reporting recovery of patient.—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this act.

§ 10. General penalty.—Any person violating any of the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by imprisonment, as hereinafter provided, for a term not less than six months nor more than five years.

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1. The first of these is the immediacy of the response.

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(Signed) J. L. ...

25 JUL 1954

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一、本行自成立以來，承蒙各界愛護，業務蒸蒸日上。茲為擴大服務，特在各地增設分行，以便利顧客。凡有存款、放款、匯兌等項，無不竭誠服務。本行信譽昭著，手續簡便，利息優厚，實為商界之良伴。

age, sex, color, occupation, and last address of every person who is in his care or who has come under his observation within one week of such time who, in his opinion, is afflicted with pulmonary or other communicable form of tuberculosis.

Sec. 2. That the health officer of said District shall promptly make, or cause to be made by a competent microscopist, a microscopical examination of the sputum of persons thus reported, and shall make a report thereof, free of charge, to the physician or officer upon whose application the examination was made. If the examination fails to show the existence of the disease that fact shall be recorded.

Sec. 3. That the health officer of said District shall cause all cases showing the presence of tubercle bacilli to be recorded in a register of which he shall be the custodian, which register shall not be open to inspection by anyone except the health officer and the deputy health officer of said District, and neither said health officer nor said deputy health officer shall permit any such record to be divulged in such manner as to disclose the identity of the person to whom it relates except as it may be necessary in carrying out the provisions of this Act.

Sec. 4. That it shall be the duty of the health department, in every case where a microscopical examination reveals the existence of tuberculosis, to supply to such person, or those in charge of such person, unless otherwise requested by the attending physician, printed instructions as to the methods to be employed to prevent the spread of the disease.

Sec. 5. That in case of death from pulmonary or other communicable form of tuberculosis, or the removal from any apartment or premises of a person or persons so afflicted, it shall be the duty of the attending physician, if he has such knowledge, or, if there be no such physician or if such physician be absent, of the occupant, or other person in charge of said apartment or premises to notify the health officer, in writing, of such death, within twenty-four hours thereafter, and such apartment or premises shall then be disinfected by the health department at public expense or, if the owner prefers, by the owner to the satisfaction of the health department, and shall not again be occupied until so disinfected.

Sec. 6. That it shall be the duty of every person afflicted with tuberculosis, and of every person in attendance upon anyone afflicted therewith, and of the authorities of public and private institutions or dispensaries in said District to observe and enforce all sanitary rules and regulations of the Commissioners of the District of Columbia for preventing the spread of the disease.

Sec. 7. That upon the recovery of any person who has been found to be suffering from tuberculosis a report to that effect to the health department, made by the attending physician, shall be recorded in the register aforesaid, and shall relieve said person from further liability to any requirements imposed by this Act.

Sec. 8. That any person violating any of the provisions of this Act shall, upon conviction thereof, be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding twenty-five dollars.

Sec. 9. That all prosecutions under this Act shall be in the police court of said District upon information brought in the name of the District of Columbia and on its behalf.

Sec. 10. That all Acts and parts of Acts contrary to or inconsistent with the provisions of this Act be, and they are hereby, repealed.

Approved May 13, 1908.

[Public Act of 1908, No. 114.]

WISCONSIN

AN ACT prescribing the duties of physicians and others relative to infectious diseases.

The people of the State of Wisconsin, represented in Senate and Assembly, do enact as follows:

Section 1. It shall be the duty of every physician to report to the department of health in every town, incorporated village or city, in writing, the full name, age and address of every person suffering from any one of the infectious or contagious diseases following, to wit: Measles, smallpox, diphtheria (membranous croup), scarlet fever (scarlatina), typhoid fever, tuberculosis (of any organ), rubella (rotheln), chickenpox, typhus fever, plague, erysipelas, Asiatic cholera, whooping cough, cerebro-spinal meningitis, yellow fever, and it shall be the duty of every person, owner, agent, manager, principal or superintendent of any public or private institution or dispensary, hotel, boarding or lodging house, in any such town, incorporated village or city, to make a report, in like manner and form, of any inmate, occupant or boarder suffering from any of the said infectious or contagious diseases.

Sec. 2. It shall be the duty of every physician to report forthwith in writing to the said department of health, the death of any person who dies from, or while suffering with or from any infectious or contagious disease, and to state in such report the specific name and type of such disease, and in the absence of an attending physician, it shall be the

duty of every keeper of any boarding house or lodging house, and the proprietor of every lodging house or hotel, to report forthwith to the department of health, all known facts in regard to any person who died in any such house or hotel under his charge suffering from any of the following infectious or contagious diseases: measles, diphtheria (membranous croup), scarlet fever, typhoid fever, tuberculosis, smallpox, chickenpox, Asiatic cholera, typhus fever, rubella (rotheln), plague, whooping cough, within twenty-four hours after the death of such person.

Sec. 3. It shall be the duty of every person having knowledge of the existence of any person afflicted with any one of the following infectious or contagious diseases, towit: measles, diphtheria (membranous croup), scarlet fever, typhoid fever, tuberculosis, smallpox, Asiatic cholera, typhus fever, rubella (rotheln), plague, and whooping cough, or has reason to believe that any person is so afflicted, to at once report to the health department of such town, incorporated village or city, all facts in regard to the case, and no person shall interfere with or obstruct the entrance, inspection or examination of any building or house, or the occupants thereof, by the health officer, commissioner of health or his assistants, of such town, incorporated village or city, or any officers of such department, when investigating a reported case of one of the infectious or contagious diseases above specified, as existing in such house or dwelling, nor shall any person interfere with or obstruct, mutilate, or tear down any notices of such department posted in or on any premises within such municipality.

Sec. 4. 1. It shall be the duty of every physician or person, or owner, agent, manager, principal or superintendent of each and every public or private institution or dispensary, hotel, boarding or lodging house, in any such town, incorporated village or city, to report to the department of health thereof, in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation and latest address of every person afflicted with tuberculosis, who is in their care, or who has come under their observation, within one week of such time.

2. It shall be the duty of every person sick with this disease, and of every person in attendance upon any one sick with this disease, and of the authorities of public or private institutions, or dispensaries to observe and enforce all the sanitary rules and regulations of such health department for preventing the spread of pulmonary tuberculosis.

Sec. 5. In case of the vacation of any apartment or premises by death from tuberculosis, or by the removal therefrom of a person or persons sick with tuberculosis, it shall be the duty of the person or

physician in charge, to notify the commissioner of health of such town, incorporated village or city, aforesaid, of said removal, within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly renovated and disinfected as hereinafter provided.

Sec. 6. In case of the vacation of any premises or apartments as set out in section 5 of this act, the commissioner of health, or health officer, shall immediately visit said premises, and shall order and direct that such premises or apartments and all infected articles therein be properly and suitably disinfected. In case there shall be no remaining occupants in such premises or apartments, and same shall be vacant, then the commissioner of health or health officer shall cause a notice in writing to be served upon the owner, or agent of the owner of such premises or apartments, ordering the renovation and disinfection of such premises or apartments, under the direction of and in conformity with the regulations of the local department of health.

Sec. 7. In case any orders or directions of the commissioner of health or health officer requiring the disinfection of any articles, premises or apartments, as hereinbefore provided, shall not be complied with within thirty-six hours after such orders or directions shall be given, then it shall be the duty of the commissioner of health or health officer to cause a placard in words and form as follows, to be placed upon the door of the infected apartments, or premises, to wit:

NOTICE

Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may be infected. They must not be occupied until the order of the health commissioner or health officer directing their renovation and disinfection has been complied with.

This notice must not be removed under a penalty of law, except by the commissioner of health, or an authorized officer.

Sec. 8. Any person who shall violate any of the provisions of this act, and any person who, without written authority from the commissioner of health or health officer shall remove, or cause to be removed any placard placed upon premises or apartments which are or have been occupied by persons sick with any of the diseases mentioned in section 1, upon conviction thereof, shall be fined not less than five dollars nor more than one hundred dollars or by imprisonment in the county jail for not less than five days nor more than ninety days.

Sec. 9. The provisions of this act shall not be construed as a limitation upon the officers of the common council of any city to pass such

ordinances in aid of the officers of the commissioner of health as may tend to promote and secure the general health of the inhabitants of such city.

Sec. 10. All acts or parts of acts, including the provisions of any special charter, contravening the provisions of this act, are hereby repealed.

Sec. 11. There are added to the statutes of 1898 four new sections to read: Section 1416—5. Any person affected with tuberculosis of the lungs or larynx, or any other disease whose virus or infecting agent is contained in the sputum or other secretions shall not deposit his sputum, saliva or other infectious secretion, in such a place as to cause offense or danger of contracting the disease to any person or persons.

Section 1416—6. It shall be the duty of every person afflicted with tuberculosis of the lungs or larynx, or any other disease whose virus or infecting agent is contained in the sputum, saliva or other infectious secretions, to provide himself with a sputum flask or receptacle in which to deposit his sputum, saliva, or other infectious secretion, while traveling in any public conveyance or attending any public place, and the contents of said flask or receptacle shall be burned or otherwise thoroughly disinfected.

Section 1416—7. Upon the complaint of any responsible person the local board of health shall at once investigate the conditions complained of and if found dangerous or detrimental to the public health said board shall make and enforce such orders as may be necessary to abate the offense or dangers caused thereby.

Section 1416—11. For the purpose of this act railroad conductors or other persons in charge of common carriers may exercise the powers of sheriffs and constables.

[Chapter 93, Laws of 1907.]

II. SANATORIUM LAWS

The full text of the State sanatorium acts of Massachusetts and Michigan is herewith given. The former is of particular interest, as it is the first act of this kind to be passed in the United States. In addition

to these two, the Ohio law, which provides for county hospitals, is also given. A bill similar to this was adopted in Virginia in 1908.

MASSACHUSETTS

AN ACT to establish the Massachusetts Hospital for Consumptives and Tubercular Patients.

Be it enacted, etc., as follows:

Section 1. The governor, with the advice and consent of the council, shall appoint five persons who shall constitute the Board of Trustees of the Massachusetts Hospital for Consumptives and Tubercular Patients, and who shall hold office for terms of one, two, three, four and five years respectively, beginning with the first Monday of July in the present year, and until their respective successors are appointed and qualified; and previous to the first Monday in July in each year thereafter the governor shall in like manner appoint one such trustee to hold office for the term of five years, beginning with the first Monday in July of the year of his appointment, and until his successor is appointed and qualified. Any such trustee may be removed by the governor with the advice and consent of the council for such cause as they may deem sufficient and as shall be assigned in the order of removal. Any vacancy occurring in said board shall be filled in like manner for the unexpired term.

Sec. 2. The lands held by said trustees in trust for the Commonwealth for the use of said hospital, as hereinafter provided, shall not be taken for a street, highway or railroad without leave of the legislature specially obtained.

Sec. 3. Said trustees shall be a corporation for the same purposes for which the trustees of each of the state lunatic hospitals are made a corporation by section five of chapter eighty-seven of the Public Statutes, with all the powers necessary to carry said purposes into effect.

Sec. 4. Said trustees shall have authority to purchase in behalf of the Commonwealth suitable real estate as a site for said hospital, and to cause to be erected thereon suitable buildings for said hospital which shall furnish suitable accommodations for not less than two hundred patients and for the officers, employees and attendants, and to provide for the equipment and furnishing of said buildings: provided, however, that the expenditure for carrying out the purposes of this act shall not exceed one hundred and fifty thousand dollars. No expenditure shall be made for the erection of buildings except for plans therefor, until said plans have been approved by the governor and council, and no such approval shall be given unless the governor and council shall be satisfied

that the cost of the real estate and the erection and completion of buildings and the equipment and furnishing of the same ready for occupancy will not exceed one hundred and fifty thousand dollars. The trustees shall have authority to make all contracts and employ all agents necessary to carry into effect the provisions of this act.

Sec. 5. Said trustees shall have the same powers and shall be required to perform the same duties in the management and control of said hospital as are vested in and required of the trustees of the various state lunatic hospitals under section six, seven and nine of chapter eighty-seven of the Public Statutes.

Sec. 6. When the buildings constructed under the provisions of this act are so far completed that in the opinion of said trustees they may be properly used for the purposes of said hospital, said trustees shall notify the governor, who shall thereupon issue his proclamation establishing said hospital.

Sec. 7. After the establishment of said hospital said trustees shall receive no compensation for their services, but they shall be reimbursed from the treasury of the Commonwealth for all expenses actually incurred by them in the performance of their official duties. The governor and council shall fix the compensation to be paid to them for services rendered in the selection and purchase of real estate and the construction, equipment and furnishing of the hospital buildings.

Sec. 8. Said trustees may appoint the physicians, assistants and employees necessary for the proper administration of the affairs of said hospital and may incur all expenses necessary for the maintenance of the same. Said trustees shall provide homeopathic medical treatment for all patients who desire it and for that purpose shall appoint such number of homeopathic physicians as may be necessary.

Sec. 9. The charges for the support of the inmates of said hospitals as are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, shall be paid by such inmates, such persons, or such kindred at a rate to be determined by the trustees of said hospital. The board of such inmates as have a legal settlement in some city or town shall be paid by said city or town if such patients are received at said hospital on the request of the overseers of the poor of said city or town. The trustees may in their discretion receive other patients who have no means to pay for treatment; and the board of all such patients shall be paid from the treasury of the Commonwealth.

Sec. 10. There shall be a thorough visitation of said hospital by two of the trustees thereof monthly, and by a majority of them quarterly, and

by the whole board semi-annually, at each of which a written report of the state of the institution shall be drawn up, which shall be presented at the annual meeting to be held between the first day of October and the first day of November. At the annual meeting the trustees shall make a detailed report in the same manner as is required of the trustees of the state lunatic hospitals, and shall audit the report of the treasurer, which shall be presented at said annual meeting, and transmit it with their annual report to the governor and council.

Sec. 11. The accounts and books of the treasurer shall at all times be open to the inspection of the trustees.

Sec. 12. For the purpose of meeting any expenses that may be incurred under the provisions of this act the treasurer and receiver-general is hereby authorized, with the approval of the governor and council, to issue scrip or certificates of indebtedness to an amount not exceeding one hundred and fifty thousand dollars, for a term not exceeding thirty years. Said scrip or certificates of indebtedness shall be issued as registered bonds or with interest coupons attached, and shall bear interest not exceeding four per cent. per annum, payable semi-annually on the first days of May and November in each year. Such scrip or certificates of indebtedness shall be designated on the face thereof as the Hospital for Consumptives' Loan, shall be countersigned by the governor and shall be deemed a pledge of the faith and credit of the Commonwealth, and the principal and interest shall be paid at the times specified therein in gold coin of the United States or its equivalent; and said scrip or certificates of indebtedness shall be sold and disposed of at public auction, or in such other mode, and at such time and prices, and in such amounts (the rate of interest not to exceed the rate above-specified) as shall be deemed best. The sinking fund established by chapter three hundred and ninety-one of the acts of the year eighteen hundred and seventy-four, known as the prison and hospital loan sinking fund, shall also be maintained for the purpose of extinguishing bonds issued under the authority of this act, and the treasurer and receiver-general shall apportion thereto from year to year an amount sufficient with the accumulations of said fund to extinguish at maturity the debt incurred by the issue of said bonds. The amount necessary to meet the annual sinking fund requirements and to pay the interest on said bonds shall be raised by taxation from year to year.

Sec. 13. This act shall take effect upon its passage.

Approved June 5, 1865.

[Chapter 323, Laws of 1865.]

MICHIGAN

AN ACT to establish a State Sanatorium in some suitable locality in Michigan, for the care and treatment of persons having tuberculosis, and making appropriations therefor, and to provide a tax to meet the same.

The People of the State of Michigan enact:

Section 1. That a State Sanatorium for the care and treatment of tuberculous persons, in some suitable locality in Michigan be and hereby is established.

Sec. 2. The Governor shall appoint six citizens of this State, four of whom shall be legally registered physicians, who shall constitute the board of trustees of the State Sanatorium. The term of office of each trustee shall be six years, the terms of two members of such board expiring every two years. To effect such order of expiration of term of office, the first appointment shall be made for the respective terms of two, four and six years. Thereafter there shall be appointed by the Governor, with the consent of the Senate, two members every two years. Any such trustee may be removed by the Governor for such cause as the Governor may deem sufficient, after an opportunity to be heard in his own defense has been granted him. Any vacancy arising in said board by reason of removal, accepted resignation, or by death, shall be filled for the unexpired term by appointment in like manner as in the first instance. A majority of the board shall constitute a quorum, but no business shall be transacted except by the affirmative vote of at least three members of said board.

Sec. 3. For the purpose of this act, the board of trustees and their successors in office shall be a body corporate, with all the powers necessary to carry into effect this act.

Sec. 4. Said board of trustees shall have the general control of the property and affairs of the Sanatorium, and shall take such action as shall be necessary to carry out the purposes of this act.

Sec. 5. The board of trustees shall appoint a medical superintendent, not a member of said board, who shall be a legally qualified physician, of at least six years' experience in the practice of his profession, and who shall be chosen with a special view to his professional and executive ability. Such medical superintendent shall, in all matters pertaining to the Sanatorium, be under the general supervision of the board of trustees, who may remove him at any time and appoint his successor.

Sec. 6. Said board of trustees shall elect from the members a president, and shall appoint a secretary, and a treasurer. The treasurer

deed of the Commissioner of the Land Office to said board of trustees as a site for said Sanatorium. The trustees shall have power to make all contracts and employ all agents necessary to carry into effect this act.

Sec. 11. Said board shall meet at the Sanatorium at least semi-annually, at which time a written report of the affairs and conditions of the Sanatorium and of the patients therein, to be prepared by the medical superintendent, shall be submitted to and carefully examined by the board. The board shall at such meetings personally inspect the Sanatorium, and shall examine and audit all bills and accounts. At the annual meeting, which shall be held in July, the board of trustees shall make a detailed report and shall examine the report and audit the accounts of the treasurer, which shall be presented at said annual meeting, and shall transmit it with their annual report to the Governor, for publication by the Board of State Auditors.

Sec. 12. The board of trustees shall receive no compensation for their services, but expenses incurred in the performance of their duties shall be audited by the board of trustees, certified by the president and secretary, and paid by its treasurer.

Sec. 13. The medical superintendent shall be chief executive officer of the Sanatorium. He shall have general superintendence of the buildings, grounds, furniture, fixtures, and stock, and the direction and control of all persons therein, subject to the by-laws and regulations established by the board of trustees. He or his representative shall daily ascertain the condition of each and all the patients, and prescribe or direct their treatment. He shall cause full and fair records of all his official acts and the entire business and operation of the Sanatorium to be kept regularly, from day to day, in books provided for that purpose, in the manner and to the extent prescribed in the by-laws, and he shall see that all the accounts and records are fully made up to the last day of June and present the same to the board of trustees at their annual meeting. It shall be the duty of the medical superintendent to admit any of the board of trustees into every part of the Sanatorium, and to exhibit to him or them, on demand, all the books, papers, accounts, and writings belonging to the Sanatorium, or pertaining to its business, management, discipline, or government; also to furnish copies, abstracts, and reports whenever required so to do by said board. The medical superintendent shall make, in a book kept for that purpose, at the time of reception, a record, with the date of the same, of the name, age, residence, occupation and such other statistics in regard to every patient admitted to the Sanatorium as the by-laws may require.

Sec. 14. The treasurer shall have the custody of all moneys, bonds,

notes, mortgages, and other securities and obligations to the Sanatorium. Said moneys shall be disbursed only for the uses and purposes of the Sanatorium, and in the manner prescribed by the by-laws on itemized vouchers allowed by the board of trustees, and so certified by the president and secretary of the board. The treasurer shall keep full and accurate accounts of all receipts and payments, in the manner directed in the by-laws, and such other accounts as the board of trustees shall prescribe. He shall render statements of accounts of the several books, and of the funds and other property in his custody, whenever required so to do by the board of trustees. He shall have all accounts and records pertaining to his office fully made to the last day of June and present the same to the board of trustees at their annual meeting.

Sec. 15. There shall be received into said Sanatorium, such persons as shall be proved by proper bacteriological or clinical examination to be suffering from tuberculosis. Such patients shall be of two classes, namely, first, persons resident of this State who on account of their poverty are unable to pay the necessary expenses for residence at said Sanatorium; and second, residents of this State who are able to pay such fees as shall be fixed by the board of trustees.

Sec. 16. In case of any person designated in section fifteen under the first class, after such persons shall have furnished a certificate of the superintendent of the poor of their county or township, approved by the judge of probate of said county, that such person belongs in said first class, the board of trustees shall have discretionary power to pay their necessary expenses, not less than five dollars nor more than seven dollars per week, and may issue a voucher properly itemized and sworn to the Auditor General that such amount has been expended for the benefit of such person, whereupon the Auditor General shall draw his warrant on the State Treasurer therefor, and any such sums are hereby appropriated, and shall be paid out of any moneys in the general fund not otherwise appropriated, and the Auditor General shall charge all such money to the county of which such person is a resident or to which he or she belongs, to be collected quarterly and returned to the general fund in the State treasury.

Sec. 17. Any superintendent of the poor, in any county of this State, may send, or cause to be sent, with the approval of the judge of probate of said county, to the Sanatorium any person who, under the rules of the Sanatorium, is entitled to admission therein, who is a charge upon the county. Before sending any patient to the Sanatorium, under the provisions of this act, such superintendent of the poor shall correspond with the superintendent of the Sanatorium, and conform to the rules established by the board of trustees, and he shall cause the patient to be

comfortably clothed, and shall provide the patient with suitable clothing while the patient remains at the Sanatorium, and shall defray the necessary traveling expenses in going to and returning therefrom, and provide the patient with such articles of necessity and convenience as are required by the rules of the Sanatorium.

Sec. 18. All persons entitled to admission to the Sanatorium who are not a charge upon the county, but who, on account of their poverty, are unable to provide themselves with suitable clothing or other necessary articles, shall receive the same aid from the superintendent of the poor of their respective counties while attending the Sanatorium as is provided in this act for those who are a county charge. All proper expenses incurred by the superintendents of the poor under this or the preceding section shall be a charge against their respective counties, and shall be defrayed out of the poor fund of such county.

Sec. 19. The charges for the support of the patients in said Sanatorium who are able to pay the same, or have persons or kindred bound by law to maintain them, shall be paid to the medical superintendent by such patients, persons, or kindred, at a rate to be determined by the board of trustees of said Sanatorium.

Sec. 20. All moneys collected by the medical superintendent shall be passed over to the treasurer of the Sanatorium and his receipt taken therefor, such moneys to be disbursed by the treasurer under the provisions of section fourteen of this act.

Sec. 21. The sum of twenty thousand dollars is hereby appropriated for the fiscal year ending June thirty, nineteen hundred six, for the purpose of purchasing a site, of erecting, constructing and equipping the Sanatorium and buildings herein provided for, and to pay the necessary expenses of the members of the board of trustees and for the maintenance of the Sanatorium provided for in this act. The Treasurer of the State shall, on the warrant of the Auditor General and on the statement of the architect and of the board of trustees, pay over to the treasurer of the said Sanatorium the above named sum in such amounts as may from time to time in the judgment of the architect and board of trustees be deemed necessary.

Sec. 22. The sum of ten thousand dollars is hereby appropriated for the fiscal year ending June thirty, nineteen hundred seven, to pay the necessary expenses of the members of the board of trustees and for the maintenance of the Sanatorium provided for in this act. The Treasurer of the State shall, on the warrant of the Auditor General and of the board of trustees pay over to the treasurer of the said Sanatorium the above named sum in such amounts as may, from time to time, in the judgment of the board of trustees, be deemed necessary.

Sec. 23. The Auditor General shall add to and incorporate in the State tax for the fiscal year ending June thirty, nineteen hundred five, the sum of twenty thousand dollars, and for the fiscal year ending June thirty, nineteen hundred six, the sum of ten thousand dollars, which, when collected, shall be credited to the general fund to reimburse the same for the money hereby appropriated.

This Act is ordered to take immediate effect.

Approved June 16, 1905.

[No. 254, Laws of 1905.]

OHIO

AN ACT to provide for county hospitals for the care and treatment of inmates of county infirmaries and other residents of the county suffering from tuberculosis.

Be it enacted by the General Assembly of the State of Ohio :

Section 1. That on and after January 1, 1909, it shall be unlawful to keep any person suffering from pulmonary tuberculosis, commonly known as consumption, in any county infirmary except in separate buildings to be provided and used for that purpose only.

Sec. 2. The board of county commissioners are hereby authorized and directed to construct in each county a suitable building or buildings, which shall be separate and apart from the infirmary buildings, to be known as the county hospital for tuberculosis; and they shall also provide for the proper furnishing and equipment of said hospital; provided that there is not already established a hospital in the county for treatment and maintenance of tuberculosis patients; and whenever in any county funds are not available to carry out the provisions of this act, the county commissioners shall levy for that purpose, and set aside the sum necessary, which shall not be used for any other purpose, and the commissioners of the county may issue and sell the bonds of said county in anticipation of said levy. The infirmary directors shall provide for the treatment, care and maintenance of patients received at said county hospital, and for necessary nurses and attendants, and all expenses so incurred shall be audited and paid as are other expenditures for county infirmary purposes. An accurate account shall be kept of all moneys received from patients or from other sources, which shall be applied towards the payment of maintaining said county hospital; and the infirmary directors shall have authority to receive for the use of such hospital gifts, legacies, demises or conveyances of property, real or personal, that may be made, given or granted to for the use of said county hospital, or in its name, or in the name of said directors.

Sec. 3. The commissioners and infirmary directors of any county, in lieu of providing for the erection of a county hospital for tuberculosis, may contract with the infirmary directors of any other county or with the board of public service of any municipality where such hospital has been constructed for the care and treatment of the inmates of such infirmary or other residents of the county who are suffering from pulmonary tuberculosis, and the infirmary directors of the county in which such patients reside shall pay into the poor fund of the county or into the proper fund of the city receiving such patients the actual cost incurred in their care and treatment and other necessities; and shall also pay for their transportation. The probate judge of any county in which such hospital has been provided may, upon a proper presentation of the facts and the recommendation of the state board of health, order any inmate of the infirmary who is suffering from pulmonary tuberculosis removed to the county hospital for tuberculosis of some other county, and there confined, provided that such removal shall not be made without the consent of such inmate if a suitable place outside of the infirmary is provided for his or her care and treatment.

Sec. 4. The county hospital for tuberculosis shall be devoted to the care and treatment of those admitted to the county infirmary who are afflicted with pulmonary tuberculosis, and of other residents of the county who may be suffering from said disease and who are in need of proper care and treatment; and the board of infirmary directors shall investigate all applicants for admission to the county hospital for tuberculosis who are not inmates of the county infirmary and require satisfactory proof that they are in need of proper care, and have pulmonary tuberculosis; provided, that the infirmary directors may require from any such applicant admitted a payment of not to exceed \$3.00 a week, or such less sum as they may determine, for hospital care and treatment. The physician to the county infirmary shall have the medical care of patients in the county hospital; provided, that any patient not an inmate of the county infirmary shall have the privilege of calling other medical attendance in consultation with the regular infirmary physician, but not at the expense of the county.

Sec. 5. The state board of health shall have general supervision of all county hospitals for tuberculosis, and shall prescribe, and is hereby authorized to enforce, such rules and regulations for their government, and for the protection from infection of other inmates of the county infirmary and of nurses and attendants in the county hospital for tuberculosis, and others, as they may deem necessary; and it shall be the duty of all persons in charge of or employed at such hospitals, or residents thereof, to faithfully obey and comply with any and all such rules and

LEGISLATION

ANTI-SPITTING LAWS

regulations; and said board, acting with the board of state charities, shall approve the location and plans for all county hospitals for tuberculosis.

Approved April 3, 1908.

III. ANTI-SPITTING LAWS

One of the briefest and yet most comprehensive State anti-spitting laws is that of Virginia, the text of which is herewith given.

VIRGINIA

AN ACT prohibiting expectorating or spitting in public places, buildings, theatres, steamboats, railways, and street cars, and other public conveyances, and requiring a sufficient number of spittoons or cuspidors to be provided in smoking compartments and smoking cars when so requested, and also requiring the posting of copies of this act.

Be it resolved by the General Assembly of Virginia:

Section 1. That no person shall spit, expectorate, or deposit any sputum, saliva, mucus, or any form of saliva or sputum upon the floor, stairway, or upon any part of any theatre, public hall, or building, or upon the floor or any part of any railroad car or street car or steamboat, or upon the floor or any part of any car of interurban or suburban railway, or of any other public conveyance in the State of Virginia, or upon any sidewalk abutting on any public street, alley or lane of any public town or city in the State of Virginia; and it is hereby made the duty of the owner or lessee of every theatre, public hall, or building in the State of Virginia to provide every such theatre, public hall, or building with a sufficient number of spittoons or cuspidors.

Sec. 2. It is further provided, That every railroad or steamboat company shall provide in each smoking compartment or smoking car, when so requested, as many cuspidors or spittoons as may be necessary for the convenience of passengers.

Sec. 3. Any person violating any provision of this law shall, upon

conviction, be fined in a sum not less than one nor more than five dollars, and in default of payment, be imprisoned in the city or county jail for not more than five days.

Sec. 4. It is further provided that printed copies of this act shall be posted conspicuously in all public places, buildings, theatres, railway, and street cars.

Approved March 17, 1906.

IV. MUNICIPAL ORDINANCES

The full text of the notification and registration ordinances of Minneapolis and Peoria, Ill., is given, and also two anti-spitting ordinances from Wilmington, Del., and Indianapolis. These are given simply as types of the various kinds of ordinances in successful operation.

MINNEAPOLIS

AN ORDINANCE relating to the preservation of health and the prevention and suppression of disease in the city of Minneapolis.

The City Council of the City of Minneapolis do ordain as follows:

Section 1. Tuberculosis is hereby declared to be an infectious and communicable disease dangerous to the public health.

Sec. 2. It shall be the duty of every physician in the city to report to the Commissioner of Health of this city in writing the name, age, sex, occupation and address of every person having tuberculosis who is now or shall hereafter be under the care of such physician and every such physician shall make such report upon each case of tuberculosis within one week from the time the same shall come to the knowledge or under the observation of such physician.

Sec. 3. It shall be the duty of the commissioners or managers or the principal, superintendent or physician in charge of every public or private institution, dispensary or hospital in the City of Minneapolis to report to the Commissioner of Health of said city in writing the name, age, sex, occupation and last previous address of every person infected with tuberculosis who is now under their care, and to make such report as to every

person infected with tuberculosis who shall hereafter come under their care or observation and within one week after any such person shall come under their care or observation.

Sec. 4. In case of the vacation of any apartments or premises by death from tuberculosis or by the removal therefrom of the person or persons infected with tuberculosis, it shall be the duty of the person in charge, or of the physician in charge to notify the Commissioner of Health of such removal and within twenty-four hours thereafter, and such apartments and premises so affected shall not again be occupied until duly renovated and disinfected, as hereinafter provided.

Sec. 5. In case of the vacation of any premises or apartments as mentioned in section 4 hereof, the Commissioner of Health or one of his health officers shall immediately visit said premises and shall order and direct that said apartments or premises and all infected articles therein be properly and suitably disinfected.

In case there shall be no remaining occupants in such premises or apartments and the same shall be vacant, the Commissioner of Health shall cause a notice in writing to be served upon the owner, or the agent of the owner of such premises or apartments, directing the renovation or disinfection of such premises or apartments under the direction and in conformity with the regulations of the local department of health.

Sec. 6. In case any orders or directions of the Commissioner of Health requiring the disinfection of any articles, premises or apartments, as hereinbefore provided, shall not be complied with within thirty-six hours after such orders or directions shall be given, then it shall be the duty of the Commissioner of Health to cause a placard, in words and figures as follows, to be placed upon the door of the infected apartments or premises, to-wit:

NOTICE

Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may have become infected. They must not be occupied until the order of the Health Commissioner directing their renovation and disinfection has been complied with.

This notice must not be removed, defaced, torn down or destroyed, under penalty of law, except by the Commissioner of Health or an authorized officer.

Sec. 7. In all cases where a nuisance shall be found in any building or upon any grounds or premises within the City of Minneapolis and such nuisance is not abated within thirty-six hours after a written notice

from the Commissioner of Health to the owner or agent of such building or premises to abate such nuisance, it shall be the duty of the Commissioner of Health, when in his judgment a nuisance shall be such as to render the occupancy of such building or premises dangerous or unhealthy, to place upon such building or premises a placard warning the public that such building or premises are unhealthy and should not be occupied until placed in a sanitary condition.

Sec. 8. Any person who shall violate any provision of this ordinance, or who, without written authority from the Commissioner of Health shall remove, tear down, deface or destroy, or induce or cause another to remove, tear down, deface or destroy any placard placed upon any grounds, premises or apartments as hereinbefore provided, shall, upon conviction thereof before the municipal court, be punished by a fine of not less than five dollars (\$5.00), nor more than one hundred dollars (\$100), or by imprisonment for not less than five (5) days nor more than ninety (90) days.

Sec. 9. This ordinance shall take effect and be in force from and after its publication.

Passed August 26, 1905.

PEORIA

AN ORDINANCE to prevent the spread of tuberculosis.

Be it ordained by the Common Council of the City of Peoria, Illinois, as follows:

Section 1. That tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to public health.

Sec. 2. It shall be the duty of every physician in the city to report to the Commissioner of Health of this city, in writing, the name, age, sex, occupation and address of every person having tuberculosis, who is now under the care of such physician, and such physician shall likewise hereafter report upon each case of tuberculosis that shall come under the observation of such physician for the first time, within one week of such time.

Sec. 3. It shall be the duty of the Commissioners or Managers, or the Principal, Superintendent or Physician, in charge of every public or private institution, dispensary or hospital, in the City of Peoria, to report to the Commissioner of Health of said city, in writing, the name, age, sex, occupation and last previous address of every person infected with

tuberculosis, who is now in their care, or who shall hereafter come under their observation for the first time, within one week of such time.

Sec. 4. In case of the vacation of any apartments or premises by death from tuberculosis, or by the removal therefrom of a person or persons infected with tuberculosis, it shall be the duty of the person in charge, or of the physician in charge, to notify the Commissioner of Health aforesaid, of such removal, within twenty-four hours thereafter, and such apartments or premises so vacated shall not again be occupied until duly renovated and disinfected as hereinafter provided.

Sec. 5. In case of the vacation of any premises or apartments as set out in Section four (4) hereof, the Commissioner of Health or one of his health officers shall immediately visit said premises and shall order and direct that such premises or apartments and all infected articles therein be properly and suitably disinfected.

In case there shall be no remaining occupants in such premises or apartments and same shall be vacant, then the Commissioner of Health shall cause a notice in writing to be served upon the owner, or the agent of the owner of such premises or apartments, ordering the renovation and disinfection of such premises or apartments, under the direction and in conformity with the regulations of the local department of health.

Sec. 6. In case any orders or directions of the Commissioner of Health requiring the disinfection of any articles, premises or apartments, as hereinbefore provided, shall not be complied with within thirty-six (36) hours after such orders or directions shall be given, then it shall be the duty of the Commissioner of Health to cause a placard, in words and form as follows, to be placed upon the door of the infected apartments, or premises, to-wit:

NOTICE

Tuberculosis is a communicable disease. These apartments have been occupied by a consumptive and may have become infected. They must not be occupied until the order of the Health Commissioner directing their renovation and disinfection has been complied with.

This notice must not be removed under penalty of law, except by the Commissioner of Health or an authorized officer.

And such placard shall not be removed until such time as the order or directions of the Commissioner of Health shall have been complied with, and the removal of such placard authorized by the Commissioner of Health.

Sec. 7. That any person who shall violate any of the provisions of this ordinance, and any person who, without written authority from the

LEGISLATION

MUNICIPAL ORDINANCES

Commissioner of Health, shall remove, or induce another person to remove, any placard placed upon premises or apartments, as hereinbefore provided, shall, upon conviction thereof, be subject to a fine of not less than Five Dollars (\$5.00) nor more than One Hundred Dollars (\$100.00), or by imprisonment in the work house for not less than five (5) days nor more than ninety (90) days.

Sec. 8. This ordinance shall take effect and be in force from and after its passage, approval and publication.

Approved in 1905.

WILMINGTON, DEL.

AN ORDINANCE to prevent spitting in certain public places in the city of Wilmington.

Be it ordained by the Council of Wilmington:

Section 1. It shall be unlawful on and after the passage of this ordinance for any person to spit on the sidewalk, crossing or footway of any public streetway, park or square, or upon the floor of any hall or office in any hotel, apartment house, tenement or lodging house which is used in common by the guests or tenants thereof, or upon the floor, platform, steps or stairs of any public building, hall, church, theatre, railway station, store or factory, street car or other public conveyance.

Sec. 2. The term "spitting" as referred to in this ordinance shall be defined as follows: the act of expelling anything from the chest, throat, mouth or nose.

Sec. 3. Any violations of this ordinance shall be punishable with a fine of not less than One Dollar nor more than Five Dollars for the first offence, and not less than Two Dollars nor more than Five Dollars for each succeeding offence.

Approved October 26, 1907.

INDIANAPOLIS

AN ORDINANCE to further promote the public health and cleanliness of the City of Indianapolis by prohibiting the practice of spitting upon sidewalks, in street cars and other public places, fixing a penalty for the violation thereof, and providing when the same shall take effect.

LEGISLATION

MUNICIPAL ORDINANCES

Be it ordained by the Common Council of the City of Indianapolis, Indiana:

Section 1. That it shall be unlawful for any person to spit upon any sidewalk within the limits of the City of Indianapolis, or upon the floors or steps of any street car or other public conveyance of said city, or upon the floors, steps or entrances of any public building within said city, or upon the floors, steps or platform of any railroad station therein.

Sec. 2. Any person violating any of the provisions of Section 1 of this ordinance, shall, upon conviction thereof, be fined in any sum not exceeding two dollars.

APPENDIX

TABLES AND CHART SHOWING GROWTH OF ANTI-TUBERCULOSIS MOVEMENT

APPENDIX

APPENDIX

TABLES AND CHART SHOWING GROWTH OF ANTI-TUBERCULOSIS MOVEMENT

TABLE SHOWING SPECIAL DISPENSARIES AND CLINICS FOR THE TREATMENT OF TUBERCULOSIS IN THE UNITED STATES BEFORE 1905 AND UP TO AUGUST 1, 1908

NAME OF STATE.	OPENED BEFORE 1905.	OPENED DURING 1905.	OPENED DURING 1906.	OPENED DURING 1907.	OPENED DURING 1908. (AUGUST 1)	TOTALS TO AUGUST 1, 1908.
California.....	..	..	1	..	..	1
Connecticut.....	..	..	..	1	1	2
Cuba.....	..	..	..	1	..	1
Delaware.....	..	..	1	..	..	1
District of Columbia...	..	1	..	4	..	5
Georgia.....	..	..	..	1	..	1
Illinois.....	1	..	1	5	..	7
Indiana.....	..	..	..	..	2	2
Kentucky.....	..	..	..	1	1	2
Louisiana.....	..	..	..	..	1	1
Maryland.....	..	1	2	1	..	4
Massachusetts.....	2	2	..	6	2	12
Michigan.....	..	..	1	..	2	3
Minnesota.....	1	..	..	..	1	2
Missouri.....	..	..	1	..	..	1
New Jersey.....	1	..	..	..	2	3
New York.....	10	..	2	3	9	24
North Carolina.....	..	..	..	..	1	1
Ohio.....	1	..	1	2	..	4
Oklahoma.....	..	..	..	..	1	1
Pennsylvania.....	2	..	..	24	48	74
Rhode Island.....	1	..	..	..	..	1
Virginia.....	..	1	1	2	..	4
Wisconsin.....	..	..	..	..	1	1
Totals.....	19	5	11	51	72	158

TABLE SHOWING HOSPITALS, SANATORIA, AND DAY CAMPS IN THE UNITED STATES BEFORE 1905 AND UP TO AUGUST 1, 1908

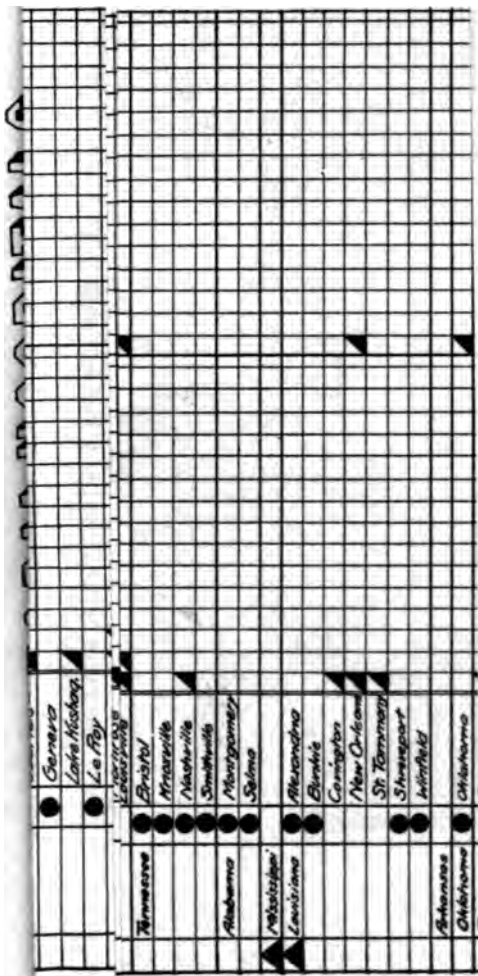
NAME OF STATE.	BEFORE 1905.		DURING 1905.		DURING 1906.		DURING 1907.		DURING 1908 (AUGUST 1).		TOTALS TO AUGUST 1 1908.	
	No. of Sanatoria.	No. of Beds.	No. of Sanatoria.	No. of Beds.	No. of Sanatoria.	No. of Beds.	No. of Sanatoria.	No. of Beds.	No. of Sanatoria.	No. of Beds.	No. of Sanatoria.	No. of Beds.
Alaska.....	..	..	..	..	..	..	1	16	..	..	1	16
Arizona.....	4	105	..	..	..	..	1	15	..	..	5	120
California.....	8	422	1	20	1	25	..	..	..	..	10	467
Colorado.....	11	958	2	53	1	25	2	176	3	47	19	1,259
Connecticut.....	3	134	..	..	..	..	1	30	2	37	6	201
Cuba.....	..	..	..	..	..	..	..	..	1	44	1	44
Delaware.....	..	..	..	..	..	..	1	8	..	..	1	8
District of Columbia.....	..	..	..	..	..	..	..	..	2	150	2	150
Florida.....	..	..	..	..	1	12	1	40	..	..	2	52
Georgia.....	1	18	..	..	1	..	1	20	..	..	2	38
Hawaii.....	1	56	..	..	..	..	..	..	..	..	1	56
Illinois.....	4	568	..	..	..	..	2	68	2	45	7	681
Indiana.....	2	36	..	..	1	7	1	50	..	..	4	93
Iowa.....	1	25	..	..	..	..	1	10	1	80	3	115
Kansas.....	..	..	..	..	..	..	..	..	1	10	1	10
Kentucky.....	..	..	..	..	..	..	1	16	1	32	2	48
Louisiana.....	2	70	..	..	..	..	..	..	1	14	3	84
Maine.....	1	65	..	..	..	..	..	..	..	..	1	65
Maryland.....	2	130	2	131	..	..	..	..	8	202	7	553
Massachusetts.....	13	970	1	6	2	40	1	35	194	25	25	1,245
Michigan.....	1	24	..	..	..	..	2	62	1	25	4	111
Minnesota.....	..	..	2	45	..	..	..	..	4	136	6	181
Missouri.....	3	130	..	..	..	..	1	50	1	25	5	205
Nebraska.....	..	..	1	40	..	..	1	16	1	30	3	86
New Hampshire.....	1	35	..	..	..	..	..	..	..	..	1	35

APPENDIX

TABLE SHOWING ASSOCIATIONS FOR THE PREVENTION OF
TUBERCULOSIS IN THE UNITED STATES BEFORE 1905
AND UP TO AUGUST 1, 1908

NAME OF STATE.	FOUNDED BEFORE 1905.	FOUNDED DURING 1905.	FOUNDED DURING 1906.	FOUNDED DURING 1907.	FOUNDED DURING 1908. (AUGUST 1)	TOTALS TO AUGUST 1, 1908.
Alabama.....	..	..	..	..	2	2
Arizona.....	..	..	1	..	..	1
California.....	..	..	..	1	5	6
Colorado.....	..	..	..	..	1	1
Connecticut.....	1	..	..	1	5	7
Cuba.....	1	..	..	..	..	1
Delaware.....	..	..	1	..	..	1
District of Columbia...	1	..	..	..	..	1
Georgia.....	1	..	..	1	1	3
Illinois.....	..	3	1	1	1	6
Indiana.....	1	..	..	2	2	5
Iowa.....	..	1	..	..	1	2
Kentucky.....	2	..	..	..	..	2
Louisiana.....	..	1	..	..	4	5
Maine.....	..	..	..	..	1	1
Maryland.....	1	..	2	2	..	5
Massachusetts.....	4	..	3	14	4	25
Michigan.....	..	2	..	2	12	16
Minnesota.....	1	..	..	..	5	6
Mississippi.....	..	..	..	1	..	1
Missouri.....	1	..	..	4	6	11
Montana.....	..	..	..	..	1	1
Nebraska.....	..	..	..	..	1	1
New Hampshire.....	1	..	..	..	..	1
New Jersey.....	1	1	5	11	5	21
New York.....	2	1	2	4	10	19
North Carolina.....	..	..	1	..	1	2
Ohio.....	1	1	1	2	2	7
Oklahoma.....	..	..	..	..	1	1
Pennsylvania.....	4	1	1	..	8	14
Rhode Island.....	..	..	1	..	..	1
South Carolina.....	1	1	1	1	2	6
South Dakota.....	..	..	1	..	2	4
Tennessee.....	..	..	1	..	..	1
Texas.....	..	..	1	1	2	4
Washington.....	..	..	1	1	..	2
Wisconsin.....	..	..	..	..	1	1
TOTALS.....	64	22	22	42	55	195

CHART SHOWING LOCATION OF



INDEX

12

12

INDEX

	PAGE		PAGE
Adirondack Cottage Sanatorium (N. Y.),.....	99	Anti-tuberculosis Committee of the Oranges (N. J.),.....	286
Agnes Memorial Sanatorium, The (Cal.),.....	16	Anti-tuberculosis Committee of the United Jewish Charities (Cincinnati, Ohio),.....	301
Aiken Cottages, The (S. C.),.....	128	Anti-tuberculosis League of Cincinnati, The,.....	300
Alabama:		Anti-tuberculosis League of Cleveland, The,.....	301
Sanatoria,.....	3	Anti-tuberculosis League of Dallas County (Alabama), The,...	239
Hospitals for the Insane,	147	Anti-tuberculosis League of Danville (Va.),.....	316
Associations,.....	239	Anti-tuberculosis League of Lorain County (O.),.....	303
Legislation,.....	348	Anti-tuberculosis League of Montgomery (Alabama), The,...	239
Alameda County (Cal.) Infirmary, ..	12	Anti-tuberculosis League of Norfolk (Va.),.....	316
Alaska:		Anti-tuberculosis League of Petersburg (Va.), The,.....	316
Sanatoria,.....	4	Anti-tuberculosis League of Porto Rico,.....	311
Albany (N. Y.) Committee on the Prevention of Tuberculosis, ..	290	Anti-tuberculosis League of Wilkinsburg (Pa.),.....	310
Albany (N. Y.) County Almshouse, ..	82	Anti-tuberculosis Society of Harrisburg (Pa.) and Vicinity,.....	306
Albany (N. Y.) Guild Tuberculosis Class,.....	228	Anti-tuberculosis Society of Richmond County (Ga.), The, ..	249
Albany (N. Y.) Red Cross Day Camp,.....	82	Appendix, The (Chart and Tables),.....	444-448
Albert Baldwin Sanatorium, The (Texas),.....	130	Arizona:	
Aldrich Tent Colony for Tuberculosis (Iowa),.....	39	Sanatoria,.....	4-6
Allentown Branch of the Pennsylvania Society for the Prevention of Tuberculosis,.....	305	Associations,.....	240
Alma (Mich.) Anti-Tuberculosis Society,.....	271	Legislation,.....	348
Alpena County (Mich.) Anti-Tuberculosis Association,	271	Arizona Health League of Tucson, ..	240
Andover (Mass.) Tuberculosis Committee,.....	259	Arkansas:	
Anne Arundel County Branch of the Maryland Association for the Prevention and Relief of Tuberculosis, The, ..	257	Legislation,.....	349
Anti-spitting Laws (Va.),.....	436	Arlington Street Church Tuberculosis Class (Boston, Mass.), ..	224
Anti-tuberculosis Association of Dowagaic (Mich.),.....	272	Asheville-Biltmore Sanatorium (N. C.),.....	105
Anti-tuberculosis Committee of the Associated Charities (Minneapolis, Minn.),.....	275		

INDEX

Associated Committee for the Prevention and Control of Tuberculosis of the Massachusetts Medical Society...	299	British Columbia Anti-Tuberculosis Society (Canada).....	329
Association Health Farm, The (Cal.).....	17	Brockton Anti-tuberculosis Society (Mass.).....	261
Association of Tuberculosis Clinics (N. Y. City).....	190-191	Bronx Tuberculosis Clinic (N. Y.).....	295
Association Sanatorium, The (Ky.).....	40	Brookline (Mass.) Anti-tuberculosis Society.....	262
Associations and Committees for the Study and Prevention of Tuberculosis in the United States and Canada.....	234-322	Brookline (Mass.) Board of Health Hospital.....	54
Associations, Table of.....	448	Brooklyn Associated Charities Tuberculosis Classes.....	229-230
Atlanta (Ga.) Sanitary and Tubercular Prevention Society.....	248	Brooklyn Home for Consumptives (N. Y.).....	94
Atlantic City (N. J.) Committee for the Relief and Prevention of Tuberculosis.....	282	Brooklyn Tuberculosis Clinic (N. Y.).....	196
Auburn (N. Y.) Public Health Association.....	290	Brooks Sanatorium, Dr. (Conn.).....	25
		Brookside Home (Conn.).....	20
		Buffalo Rock Tent Villa (Ill.).....	34
		Buffalo State Hospital (Ill.).....	154
		Bunkie Anti-Tuberculosis League (La.).....	255
		Burlington (N. J.) Tuberculosis Committee.....	283
Barlow Sanatorium, The (Cal.).....	7		
Bates County (Mo.) Society for the Prevention of Tuberculosis.....	277	California:	
Bellevue Hospital Tuberculosis Clinic (N. Y.).....	192	Sanatoria.....	6-12
Beverly (N. J.) Tuberculosis Committee.....	282	Hospitals for the Insane.....	146-148
Binghamton (N. Y.) State Hospital (Insane).....	154	Dispensaries.....	173
Blue Earth County (Minn.) Association for the Relief and Prevention of Tuberculosis.....	275	Associations.....	249
Blue Mound Sanatorium (Wis.).....	136	Legislation.....	349-351
Blue Ridge Mountain Sanatorium (Pa.).....	114	California Association for the Study and Prevention of Tuberculosis.....	249
Board of Health Tuberculosis Clinic (Detroit, Mich.).....	186	Cambridge (Mass.) Anti-Tuberculosis Association.....	262
Boston (Mass.) Association for the Relief and Control of Tuberculosis.....	260-261	Cambridge (Mass.) Anti-Tuberculosis Class.....	226
Boulder Lodge Sanatorium (Iowa).....	38	Cambridge (Mass.) Anti-Tuberculosis Association Dispensary.....	183
Branch Hospital for Consumptives, The (Ohio).....	109	Cambridge (Mass.) Anti-Tuberculosis Association, Children's Clinic.....	184
Brehmer Rest (Canada).....	141	Camden (N. J.) Anti-Tuberculosis League.....	283
Bridgeton (N. J.) Anti-Tuberculosis Association.....	282	Camp Cohasset (Florida).....	29
Briggs Sanatorium (Texas).....	129	Canada:	
Bristol School Memorial Sanatorium (N. C.).....	104	Sanatoria.....	137-143
Bristol Anti-Tuberculosis League (Tenn.).....	314	Dispensaries.....	217-219
		Associations.....	318-322
		Canadian Association for the Prevention of Consumption and other forms of Tuberculosis.....	318

INDEX

Canandaigua Committee on the Prevention of Tuberculosis, 291	Cole County (Mo.) Society for the Prevention of Tuberculosis, 278
Cape Girardeau Association for the Prevention of Tuberculosis (Mo.),..... 278	Colorado:
Central Federation of Labor Tuberculosis Pavilion (Albany, N. Y.),..... 82	Sanatoria,..... 12
Central Free Dispensary (Chicago, Ill.) (Rush Med. Col.),..... 178	Penal Institutions,..... 163
Central Islip State Hospital (Insane) (N. Y.),..... 155	Associations,..... 242
Central State (Insane) Hospital (Va.),..... 159-160	Legislation,..... 351-352
Channing Home (Mass.),..... 51	Colorado State Penitentiary,..... 163
Charity Hospital of New Orleans (La.),..... 42	Colorado State Organization of the International Congress on Tuberculosis,..... 242
Charity Hospital of the Presbyterian Mission (Alaska),..... 4	Columbus Free Dispensary (O.),... 201
Chart showing Sanatoria, Hospitals, Day Camps and Associations in the United States,..... <i>Facing</i> 449	Columbus (O.) Society for the Prevention and Cure of Tuberculosis,..... 302
Chelsea (Mass.) Anti-Tuberculosis Association,..... 263	Constitution and By-Laws, 342-344
Chicago Polyclinic Hospital Dispensary,..... 178	Columbus (O.) State Hospital (Insane),..... 157
Chicago (Ill.) Home for Incurables, 31	Commission on Hospitals for Consumptives (Mass.),..... 50
Chicago (Ill.) Tuberculosis Institute, The,..... 249	Committee of Negro Citizens of Chicago on the Prevention of Tuberculosis (Ill.),..... 250
Chicago (Ill.) Tuberculosis Sanatorium,..... 35	Committee on Tuberculosis, Medical Association of Georgia, 248
Children's Dispensary of the Rochester Public Health Association,..... 196	Committee on the Prevention of Consumption of the Associated Charities, The (D. C.), 247
Children's Fresh Air Camp (Cleveland, O.),..... 110	Committee on the Prevention of Tuberculosis of the Brooklyn Bureau of Charities (N.Y.), 295
Christ Church Tuberculosis Class (N. Y. City),..... 229	Committee on the Prevention of Tuberculosis of the Charity Organization Society, The (N. Y. C.),..... 292-294
Christ Church Tuberculosis Dispensary (Baltimore),..... 180	Committee on the Prevention of Tuberculosis of the State Charities Aid Association (N. Y.), 289
Christian Tent Hospital (Minn.), 66	Committee on Tuberculosis of the Associated Charities (Malden, Mass.),..... 266
City and County Hospital (San Francisco),..... 11	Connecticut:
Clinic for Consumptives (Norfolk, Va.),..... 216	Sanatoria,..... 23-27
Clinic, Diseases of the Chest (Schenectady, N. Y.),..... 197	Hospitals for the Insane, 148
Clinton (Mass.) Anti-Tuberculosis Association,..... 263	Penal Institutions,..... 163
Clinton Prison (N. Y.),..... 167	Dispensaries,..... 174
Colchester County (N. S.) Association for the Prevention of Tuberculosis,..... 320	Associations,..... 243
	Legislation,..... 352-353
	Connecticut Hospital for the Insane,..... 148
	Connecticut State Prison,..... 163
	Constitution and By-Laws of the Grand Rapids Anti-Tuberculosis Society,..... 339-341

INDEX

Constitution and By-Laws of the Missouri Association for the Relief and Control of Tuberculosis,.....	330-334
Constitution and By-laws of the National Association for the Study and Prevention of Tuberculosis,.....	323-327
Constitution and By-Laws of the New Jersey Association for the Prevention and Relief of Tuberculosis,.....	327-330
Constitution and By-Laws of the Ralls County Society for the Prevention of Tuberculosis (Mo.),.....	335-338
Consumptives' Hospital Department of the City of Boston (Mass.),.....	50
Consumptives' Sanatorium of the Modern Woodmen of America (Colo.),.....	15
Convalescent Home of the Children's Hospital, The (Mass.),.....	61
Cook County Hospital for Consumptives (Ill.),.....	33
Cook County Reception Hospital (Ill.),.....	32
Cortland (N. Y.) Committee on the Prevention of Tuberculosis, ..	291
Covington (La.) Tuberculosis Sanatorium,.....	42
Cragmont Sanatorium (N. C.),.....	106
Cragmor Sanatorium (Colo.),.....	13
Crawford Allen Memorial Hospital for Tuberculous Children (R. I.),.....	124
Cuba:	
Sanatoria,.....	27
Dispensaries,.....	174
Associations,.....	242
Cullis Consumptives' Home, The (Mass.),.....	51
Danvers (Mass.) Insane Hospital, ..	151
Day Camp and School for Children (Brookline, Mass.),.....	55
Day Camp Association (Cincinnati, Ohio),.....	109
Day Camp for Consumptives (Lawrence, Mass.),	57
Day Camp for Consumptives (Buffalo, N. Y.),.....	84
Day Camp of the Board of Health (Cambridge, Mass.),.....	55
Day Camp of the Lawrence Anti-Tuberculosis League (Mass.),.....	57
Day Camp of the Portuguese League for Assistance to Consumptives (Mass.),.....	58
Day Camp of the Providence League for the Suppression of Tuberculosis (R. I.),	127
Day Camp of the Rochester Public Health Association (N. Y.), ..	98
Day Camp of the Springfield Association for the Prevention of Tuberculosis (Mass.),.....	60
Day Camp of the Woman's Improvement Club (Indianapolis, Ind.),.....	37
Day Camp School of Outdoor Life for Children (Boston, Mass.),.....	54
Day Camp of the Visiting Nurses' Association (Newark, N. J.), ..	73
Delaware:	
Sanatoria,.....	27
Hospitals for the Insane,.....	149
Penal Institutions,.....	163
Dispensaries,.....	175
Associations,.....	247
Legislation,.....	354
Delaware Anti-Tuberculosis Society, The,.....	247
Delaware Sanatorium for Consumptives, The,.....	27
Delaware State Hospital (Insane), ..	149
Department, "Diseases of the Lungs," University of Maryland Dispensary (Md.),	181
Department of Health Dispensaries (Pa.),.....	202-216
Dermady Cottage Sanatorium (Pa.), ..	116
Detroit (Mich.) Society for the Study and Prevention of Tuberculosis, The,.....	271
Detroit (Mich.) Throat and Chest Free Dispensary, The,.....	187
Dispensaries and Clinics for the Special Treatment of Tuberculosis in the United States and Canada,.....	172-219
Dispensary Department of the Chicago Tuberculosis Institute (Ill.),	177

INDEX

Dispensary of the Camden Anti-Tuberculosis League (N. J.),	188	Elizabeth (N. J.) Association for the Prevention and Relief of Tuberculosis, The,	283
Dispensary of the Durham Anti-Tuberculosis Association (N. C.),	199	Emmanuel Church Tuberculosis Class (Mass.),	224-225
Dispensary of the Haverhill Association for the Relief and Control of Tuberculosis (Mass.),	184	Erie County (N. Y.) Consumption Hospital,	85
Dispensary of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis (Pa.),	210	Esperanza, The (Cal.),	6
Dispensary of the Montreal Tuberculosis League (Canada),	218	Esperanza Sanatorium for Tuberculosis, La (Cuba),	27
Dispensary of the Rush Hospital for Treatment of Consumption and Allied Diseases (Pa.),	211	Evangelical Lutheran Sanatorium, The (Colo.),	20
Dispensaries, Table of,	445	Evansville (Ind.) Anti-Tuberculosis Society Clinic,	178
District Legislation (D. C.),	354	Evansville (Ind.) Association for Prevention of Tuberculosis,	251
District of Columbia:		Everett (Mass.) Association for the Relief and Control of Tuberculosis, The,	264
Sanatoria,	28-29	Evergreen Lodge (N. Y.),	100
Hospitals for the Insane,	149	Executive Committee of the Hartford Tuberculosis Free Bed Fund (Conn.),	243
Dispensaries,	175-176		
Classes,	223	Fairfield County (Conn.) Anti-Tuberculosis Association, The,	243
Associations,	247	Fairview and Sunnyside Cottages for Tuberculosis,	104
Legislation,	354	Fern Cliff Sanatorium (Pa.),	122
Starmont Sanatorium (for the D. C.),	48	Fern Hill Sanatorium (Colo.),	21
District of Columbia, Notification Laws,	420-422	Ferry Boat Day Camp of the Bellevue Hospital Tuberculosis Clinic (N. Y.),	89
District of St. Francis League for the Prevention of Tuberculosis (Canada),	321	Fitchburg (Mass.) Society for the Cure and Control of Tuberculosis,	264
Dorchester County (Md.) Branch of the Maryland Society for the Prevention and Relief of Tuberculosis,	258	Florida:	
Douglas County (Neb.) Tuberculosis Hospital,	71	Sanatoria,	29-30
Dubuque Society for the Prevention of Tuberculosis (Iowa),	253	Legislation,	355
Durham (N. C.) Anti-Tuberculosis Association,	299	Flower Mission Pavilion for Incurables, City Hospital (Indiana),	36
		Franklin County (Ohio) Tuberculosis Hospital,	111
Eastern Maine Insane Hospital,	151	Fraternal City Sanatorium (N. M.),	75
Eastern Michigan Asylum for the Insane, The,	153	Frederick County (Md.) Branch of the Maryland Association for the Prevention and Relief of Tuberculosis,	258
Eastern State Hospital (Insane) (Va.),	160	Free Dispensary for Consumptives (D. C.),	176
Easton Branch of the Pennsylvania Society for the Prevention of Tuberculosis, The,	306	Free Dispensary for Tuberculosis (Ky.),	179
Eben-Ezer Mercy Institute (Colo.),	13		
Edward Sanatorium, The (Ill.),	34		

INDEX

- Free Dispensary of the Grand Rapids Anti-Tuberculosis Society (Mich.),..... 186
- Free Dispensary for the Tuberculous (Wis.),..... 218
- Free Home for Consumptives in the City of Boston,..... 52
- Free Hospital for Poor Consumptives (Pa.),..... 121
- Fresh Air School, The (R. I.),..... 126
- Gasconade County (Mo.) Society for the Prevention of Tuberculosis,..... 279
- Gaylord Farm Sanatorium (Conn.), 26
- Geneva (N. Y.) Committee on the Prevention of Tuberculosis, 291
- Georgia:
- Sanatoria,..... 30
 - Penal Institutions,..... 164
 - Dispensaries,..... 177
 - Associations,..... 248
 - Legislation,..... 356
- Georgia Prison Farm, Tuberculosis Hospital,..... 164
- Germantown Dispensary and Hospital Tuberculosis Clinic (Pa.),..... 210
- Glassboro (N. J.) Society for the Prevention and Relief of Tuberculosis,..... 284
- Glockner Sanatorium (Colo.),..... 14
- Government Hospital for Insane (D. C.),..... 149
- Gowanda State Homeopathic Hospital (Insane),..... 155
- Grace Dart Home Hospital for Destitute Incurables, The (Can.),..... 140
- Grand Rapids (Mich.) Anti-Tuberculosis Society,..... 272
- Constitution and By-Laws, 339-341
- Grandview Sanatorium for the Care and Treatment of Tuberculosis (Pa.),..... 116
- Green County (Mo.) Anti-tuberculosis Association,..... 279
- Habersham Hall Sanatorium (Ga.), 30
- Hahnemann Hospital Dispensary (Ill.),..... 178
- Hamilton City Hospital (Canada), 139
- Hamilton (Canada) Health Association,..... 321
- Hastings (Mich.) Anti-Tuberculosis Association,..... 272
- Havana (Cuba) Tuberculosis Dispensary,..... 174
- Haverhill (Mass.) Tuberculosis Association Class,..... 226
- Haverhill (Mass.) Association for the Relief and Control of Tuberculosis,..... 264
- Hawaii:
- Sanatoria,..... 31
- Hazelton (Pa.) Society for the Prevention of Tuberculosis,.... 306
- Health Bureau Clinic for Diseases of the Lungs (Rochester, N. Y.),..... 196
- Health Department Clinics (New York),..... 195
- Health Department Dispensary Clinic for Communicable Diseases of the Lungs (St. Louis),..... 188
- Health Department Dispensaries for Communicable Diseases of the Lungs and Throat (Richmond, Va.),..... 217
- Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, The (Pa.),..... 307
- Hill Crest and Uplands (N. Y.),... 98
- Hoch-Wald Ranch Sanatorium (Kansas),..... 39
- Holland (Mich.) Anti-Tuberculosis Association,..... 273
- Holy Ghost Hospital for Incurables, The (Mass.),..... 55
- Holyoke (Mass.) Association for the Relief and Prevention of Tuberculosis,..... 265
- Home, The (Colo.),..... 18
- Home for Consumptives (Pa.),.... 117
- Home for Incurables (Ga.),..... 30
- Home for Incurables, The (N. Y.), 89
- Home Treatment Dispensary (Ga.), 177
- Honolulu (Hawaii) Home for Incurables,..... 31
- Hopewell Hospital (Minn.),..... 66
- Hospital for Advanced Cases (Canada),..... 139
- Hospital for Consumptives of Maryland, The,..... 46

INDEX

- Hospital for the Relief of Crippled and Deformed Children of Baltimore (Md.),..... 45
- Hospital of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis (Pa.),..... 117
- Hospitals for the Insane Making Special Provision for their Tuberculous Patients in the United States,..... 143-160
- Houghton County (Mich.) Anti-Tuberculosis Society,..... 273
- House of the Good Samaritan, The (Mass.),..... 52
- House of Rest for Consumptives, The (N. Y.),..... 90
- Howard County (Armstrong, Mo.) Society for the Prevention of Tuberculosis,..... 277
- Howard County (Fayette, Mo.) Society for the Prevention of Tuberculosis,..... 278
- Hudson County (N. J.) Association for the Prevention and Relief of Tuberculosis,..... 284
- Hudson County (N. J.) Tuberculosis Hospital,..... 74
- Hudson River State Hospital (Insane) (N. Y.),..... 156

- Idaho:
 - Legislation,..... 357
- Illinois:
 - Sanatoria,..... 31-33
 - Hospitals for the Insane,..... 149
 - Penal Institutions,..... 165
 - Dispensaries,..... 177
 - Associations,..... 249-251
 - Legislation,..... 357-359
- Illinois General Hospital for the Insane,..... 150
- Illinois Northern Hospital for Insane,..... 149
- Illinois State Reformatory,..... 165
- Illinois State Association for the Prevention of Tuberculosis, .. 249
- Indiana:
 - Sanatoria,..... 36-37
 - Penal Institutions,..... 165
 - Dispensaries,..... 178
 - Associations,..... 251-252
 - Legislation,..... 359-360
- Indiana Association for the Prevention of Tuberculosis,..... 251
- Indiana Reformatory,..... 165
- Insane Asylum of the State of Louisiana,..... 150
- Iowa:
 - Sanatoria,..... 38-39
 - Association,..... 253
 - Penal Institutions,..... 166
 - Legislation,..... 361-362
- Iowa Association for the Study and Prevention of Tuberculosis, .. 253

- Jackson County (Mich.) Association for the Study and Prevention of Tuberculosis, ... 273
- Jackson County (Mo.) Society for the Relief and Prevention of Tuberculosis,..... 278
- Jacksonville (Ill.) Society for the Prevention of Tuberculosis, .. 250
- Jefferson Medical College Dispensary for Tuberculosis (Pa.), 210
- Jewish Home for Consumptives of Baltimore City,..... 45

- Kalamazoo (Mich.) Anti-Tuberculosis Society,..... 273
- Kansas:
 - Sanatoria,..... 39
 - Legislation,..... 362
- Kensington Dispensary for the Treatment of Tuberculosis (Philadelphia, Pa.),..... 211
- Kentucky:
 - Sanatoria,..... 40-42
 - Dispensaries,..... 179
 - Associations,..... 253-254
 - Legislation,..... 363-364
- Kentucky Anti-Tuberculosis Association,..... 253
- Kentucky Anti-Tuberculosis Dispensary,..... 179
- King County Hospital (Wash.),.... 135
- King Edward Sanatorium for Consumptives (Canada), ... 142
- Kings Park State Hospital (Insane) (N. Y.),..... 155
- Kirkwood Sanatorium, The (N. C.), 107
- Knoxville (Tenn.) Association for the Prevention and Relief of Tuberculosis,..... 315

INDEX

Lafayette (Ind.) Society for the Prevention of Tuberculosis,	252	Lowell (Mass.) General Hospital, Tuberculosis Camp,.....	58
Lake View Tuberculosis Pavilion (Conn.),.....	23	Lucien Moss Home (Pa.),.....	118
Lakewood Unofficial Tuberculosis Committee (N. J.),.....	284	Lyle Sanatorium, The (Ohio),.....	109
Lancaster Association for the Prevention of Tuberculosis,	307	Lynn (Mass.) Association for the Relief and Control of Tuberculosis,.....	266
Lare's, Mrs., Tent Sanatorium (Colo.),.....	18		
Lawrence (Mass.) Anti-Tuberculosis League,.....	265	Mahoning County (Ohio) Infirmary, Tuberculosis Hospital,.....	112
Le Roy (N. Y.) Anti-Tuberculosis League,.....	292	Maine:	
League for the Suppression of Tuberculosis (Providence, R. I.),.....	313	Sanatoria,.....	43
Legislation affecting Tuberculosis in the United States including an outline of the Activities of State and Local Boards of Health, 346-414		Hospitals for the Insane,	151
Lexington (Ky.) Association for the Prevention of Tuberculosis, 254		Classes,.....	223-224
Liga contra la Tuberculosis in the Island of Cuba,.....	242	Associations,.....	256
Lititz Springs Sanatorium (Pa.), ...	115	Legislation,.....	365
Llano Sanatorium for Tuberculosis (Texas),.....	131	Maine Sanatorium, The,.....	43
London and Middlesex (Ontario) Hospital,.....	140	Maine Society for Study and Prevention of Tuberculosis, The,.....	256
Loomis Sanatorium (N. Y.),.....	87	Maine State Sanatorium Association,.....	256
Long Island Almshouse and Hospital (Mass.),.....	53	Manhattan State Hospital (Insane), Wards Island (N. Y.),	155
Los Angeles (Cal.) County Hospital	8	Manhattan Tuberculosis Clinic (N. Y.),.....	195
Los Angeles (Cal.) Helping Station for Indigent Consumptives, .	173	Manitoba Sanatorium for Consumptives (Canada),.....	141
Los Angeles (Cal.) Society for the Study and Prevention of Tuberculosis,.....	241	Marshall (Mich.) Anti-Tuberculosis Society,.....	274
Louisiana:		Maryland:	
Sanatoria,.....	42-43	Sanatoria,.....	44-49
Hospitals for the Insane,.....	150	Dispensaries,.....	180-181
Dispensaries,.....	180	Associations,.....	256
Associations,.....	254-256	Legislation,.....	366-367
Legislation,.....	364-365	Maryland Association for the Prevention and Relief of Tuberculosis,.....	256
Louisiana Anti-Tuberculosis League,.....	254	Maryland State Sanatorium,.....	44
Louisiana Anti-Tuberculosis League Clinic,.....	180	Massachusetts:	
Louisville (Ky.) City Hospital, Tuberculosis Annex,.....	41	Sanatoria,.....	49-62
Lowell (Mass.) Anti-Tuberculosis Association,.....	266	Hospitals for the Insane, ...	151-152
		Penal Institutions,.....	165
		Dispensaries,.....	181-186
		Classes,.....	224-227
		Associations,.....	258-259
		Legislation,.....	367-374
		Sanatorium Law,	426-428
		Massachusetts State Sanatorium, ..	49
		Matilda H. Loeb Dispensary of the Jewish Hospital of Phila-	

INDEX

delphia, Diseases of the Lung, The (Pa.),.....	211	Dispensaries,.....	188
May Court Club Dispensary (Can- ada),.....	218-219	Associations,.....	276-280
Medfield (Mass.) Insane Asylum, ..	151	Legislation,.....	378-379
Memorial Hospital (N. J.),.....	73	Missouri Association for the Relief and Control of Tuberculosis, ..	276
Mendocino State (Insane) Hospital (Cal.),.....	148	Constitution and By-Laws, ..	330-334
Mentone, The (Cal.),.....	9	Missouri State Sanatorium for In- cipient Pulmonary Tuber- culosis, ..	67
Meriden Anti-Tuberculosis Associa- tion, The (Conn.),.....	244	Missouri State Penitentiary,.....	167
Miami Valley Hospital (Ohio),.....	111	Moniteau County (Mo.) Society for Relief and Prevention of Tuberculosis,.....	278
Michigan:		Monroe County Hospital (N. Y.),..	97
Sanatoria,.....	62-64	Montana:	
Hospitals for the Insane, ..	152-153	Associations,.....	280
Penal Institutions, ..	166	Legislation,.....	379-380
Dispensaries,.....	186	Montana Association for the Pre- vention and Study of Tuber- culosis,.....	280
Associations,.....	270-274	Montclair (N. J.) Committee for Relief and Prevention of Tuberculosis,.....	285
Legislation,.....	375-376	Montefiore Country Sanatorium (N. Y.),.....	83
Sanatorium Laws,.....	429-434	Montefiore Home (N. Y.),.....	90
Michigan Association for Preven- tion and Relief of Tuber- culosis, The,.....	270	Montreal League for the Preven- tion of Tuberculosis (Can- ada),.....	321
Michigan Asylum for the Insane, ..	152	Morse's Sanatorium, Dr. (N. C.)..	107
Michigan Reformatory,.....	166	Mount Holly (N. J.) Branch of the New Jersey Association for the Prevention and Relief of Tuberculosis,.....	285
Michigan State Sanatorium, ..	62	Mount St. Rose Sanatorium (Mo.),	69
Millet Sanatorium, The (Mass.), ..	56	Mount Sinai Tuberculosis Class (Mass.),.....	225
Millville (N. J.) Society for the Pre- vention and Relief of Tuber- culosis,.....	285	Mount Vernon Hospital for the In- sane, The (Ala.),.....	147
Minnesota:		Mountain Sanatorium, The (Can- ada),.....	139
Sanatoria,.....	64-67	Mountain Sanatorium of the Bing- hamton City Hospital (N. Y.),.....	83
Hospitals for the Insane, ..	153	Municipal Day Camp (Boston, Mass.),.....	53
Penal Institutions,.....	166	Municipal Hospital for Consump- tives (Yonkers, N. Y.), ..	103
Dispensaries,.....	187	Municipal Hospital for Incipient and Moderately Advanced Cases of Tuberculosis (Rochester, N. Y.),.....	97
Associations,.....	274-276	Municipal Ordinances,.....	437
Legislation,.....	376-377	Wilmington, Del.,.....	441
Minnesota Association for the Pre- vention and Relief of Tuber- culosis,.....	274		
Minnesota School for Feeble- Minded and Colony for Epileptics,.....	153		
Minnesota State Prison,.....	166		
Minturn House (N. Y.),.....	89		
Mississippi:			
Hospitals for the Insane,.....	153		
Associations,.....	276		
Legislation,.....	377		
Mississippi State Anti-Tuberculo- sis League,.....	276		
Missouri:			
Sanatoria,.....	67-70		
Penal Institutions,.....	167		

INDEX

Minneapolis, Minn.,	437	torium (N. J.), Municipal	
Peoria, Ill.,	439	(See Verona),	74
Municipal Sanatorium (Louisville,		Newark Committee for the Pre-	
Ky.),	41	vention of Tuberculosis (N.	
Municipal Sanatorium for Tubercu-		J.),	286
losis of the City of Cleveland		New Brunswick (N. J.) Society for	
(Ohio),	111	the Prevention and Relief of	
Municipal Tuberculosis Hospital		Tuberculosis,	286
(Baltimore, Md.),	46	New Castle (Del.) County Work-	
Municipal Tuberculosis Sanato-		house,	163
rium (Grand Rapids, Mich.),	64	New Hampshire:	
Municipal Tuberculosis Sanato-		Sanatoria,	71-72
rium (Kansas City, Mo.), ...	68	Hospitals for the Insane,	154
Municipal Tuberculosis Hospital		Associations,	281
(Nashville, Tenn.),	128	Legislation,	381-382
Municipal Sanatorium, Newark		New Hampshire State Hospital	
(N. J., See Verona),	74	(Insane),	154
Municipal Tuberculosis Hospital		New Hampshire Society for the	
(Charlottesville, Va.),	133	Prevention of Consumption,	281
Muskegon Anti-Tuberculosis So-		New Haven County (Conn.) Anti-	
cietv (Mich.),	274	Tuberculosis Association, ...	245
Muskoka Cottage Sanatorium		New Jersey:	
(Canada),	137	Sanatoria,	72
Muskoka Free Hospital for Con-		Dispensaries,	188
sumptives,	138	Classes,	227
		Associations,	281
		Legislation,	382-384
Naples (N. Y.) Committee on the		New Jersey Association for the Pre-	
Prevention of Tuberculosis,	292	vention and Relief of Tuber-	
Nashville Anti-Consumption		culosis,	281
League (Tenn.),	315	Constitution and By-Laws,	327-330
National Associations,	235-239	New Jersey Sanatorium for Tuber-	
National Association for the Study		culous Diseases,	72
and Prevention of Tubercu-		New Mexico:	
losis,	235-238	Sanatoria,	75
Constitution and By-Laws,	323-327	Penal Institutions,	167
National Associations (Can-		Legislation,	384-385
ada),	318-319	New Mexico Cottage Sanatorium, ..	80
National Jewish Hospital for Con-		New Mexico Penitentiary,	167
sumptives, The (Colo.), ...	18-19	Newport (R. I.) Association for the	
National Legislation (U. S.),	413	Relief and Prevention of	
National Sanatorium Association		Tuberculosis,	312
(Canada),	319	Newport (R. I.) Hospital,	125
Nebraska:		New York:	
Sanatoria,	70-71	Sanatoria,	89-103
Associations,	280-281	Hospitals for the Insane, ...	154-155
Legislation,	380	Penal Institutions,	167
Nebraska Association for the Study		Dispensaries,	189
and Prevention of Tubercu-		Class,	228-230
losis, The,	280	Associations,	289-299
Nebraska Orthopedic Hospital, ...	70	Legislation,	385-391
Nevada:		Notification Laws,	415-420
Legislation,	381	New York County Red Cross Day	
Newark City Tuberculosis Sana-		Camp,	91

INDEX

- New York State Hospital for the Care of Crippled and Deformed Children,..... 102
- Night Camp of the Tuberculosis League of Pittsburg (Pa.),... 120
- Nordrach Ranch Sanatorium, The (Colo.),..... 14
- Norfolk (Va.) City Home Tuberculosis Camp,..... 134
- Northampton (Mass.) Association for the Prevention and Control of Tuberculosis,..... 267
- North Carolina:
- Sanatoria,.....103-103
- Dispensaries,..... 199
- Associations,..... 299
- Legislation,..... 391
- North Carolina State Tuberculosis Sanatorium, The,..... 103
- North Carolina Association for the Prevention of Tuberculosis, 299
- North Dakota:
- Legislation,..... 392
- Notification Laws,
- District of Columbia,420-422
- New York,.....415-420
- Wisconsin,.....422-425
- Oak Grove Sanatorium for Incurables (Oregon),..... 113
- Observation Hospital and House of Correction (Mass.),..... 165
- Ohio:
- Sanatoria,.....108-112
- Hospitals for the Insane, 157
- Dispensaries,..... 199
- Associations,..... 300
- Legislation,.....392-396
- Sanatorium Law,.....434-436
- Ohio Society for the Prevention of Tuberculosis,..... 300
- Ohio State Sanatorium,..... 108
- Oklahoma:
- Dispensary,..... 202
- Associations,..... 304
- Legislation,..... 396
- Oklahoma City Anti-Tubercular League,..... 304
- Oneida County (N. Y.) Tuberculosis Hospital,..... 98
- Open-Air Sanatorium for Jewish Consumptives (Ill.),..... 32
- Open-Air Sanatorium of the Anti-Tuberculosis League (Porto Rico),..... 123
- Orchards Sanatorium for Tuberculosis, The (Pa.),..... 122
- Oregon:
- Sanatoria,.....112-113
- Legislation,.....396-397
- Otisville Sanatorium of the New York City Department of Health (N. Y.),..... 96
- Ottawa (Canada) Anti-Tuberculosis Association,..... 322
- Ottawa County (Mich.) Anti-Tuberculosis Society,..... 271
- Ottawa Tent Colony (Ill.),..... 35
- Out-Patient Department of Boston Consumptives' Hospital (Mass.),..... 182
- Out-Patient Department of Pulmonary Tuberculosis (R. I.), Rhode Island Hospital, 216
- Owosso Branch of Michigan Society for the Study and Prevention of Tuberculosis (Mich.),..... 274
- Oxford (Pa.) Association for the Prevention of Tuberculosis, 307
- Palm Lodge (Ariz.),..... 4
- Pamsetgaaf, Among the Pines (Ariz.),..... 5
- Park Region Association for the Prevention and Relief of Tuberculosis (Minn.),..... 275
- Parks Sanatorium, The (Cal.),..... 7
- Parkwood Sanatorium, The (Mo.), 68
- Paterson (N. J.) Tuberculosis Association,..... 287
- Peebles' Sanatorium, Dr. (Colo.),. 13
- Pembroke Sanatorium for Tuberculosis (N. H.),..... 71
- Penal Institutions Making Special Provision for their Tuberculous Inmates in the United States,.....162-169
- Penitentiary, The (Va.),..... 169
- Pennsylvania:
- Sanatoria,.....113-123
- Hospitals for the Insane, 158
- Dispensaries,..... 202
- Classes,..... 230
- Associations,.....304-310
- Legislation,.....397-401

INDEX

Pennsylvania Department of Health Dispensaries,....	202-216	Ralls County (Mo.) Association for the Prevention of Tuberculosis,.....	279
Pennsylvania Society for the Prevention of Tuberculosis,....	304	Constitution and By-Laws, 335-339	
Pennsylvania State South Mountain Sanatorium,.....	113	Ranch Sanatorium for Tuberculosis (N. M.),.....	78
Peoria Association for the Prevention of Tuberculosis,.....	250	Rapides Branch of the Louisiana Anti-Tuberculosis League,..	255
Philadelphia General Hospital....	118	Reading (Pa.) Sanatorium for the Treatment of Tuberculosis,.	308
Philippine Islands:		Reception Hospital for Pulmonary Tuberculosis (N. Y.),.....	100
Penal Institutions,.....	169	Redlands (Cal.) Society for the Study and Prevention of Tuberculosis,.....	241
Associations,.....	310	Renesselaer County Hospital (N. Y.),.....	102
Municipal Legislation,.....	401	Rhode Island:	
Phipps Dispensary, Johns Hopkins Hospital (Md.),.....	180	Sanatoria,.....	124-127
Phipps Institute, The Henry (Pa.),	307	Hospitals for the Insane,	159
Pine Bluff Sanatorium (Md.),.....	46	Dispensaries,.....	216
Pine Ridge Camp (R. I.),.....	125	Associations,.....	311
Pines, The (N. C.),.....	106	Legislation,.....	401-403
Pittsburg (Pa.) City Home and Hospital,.....	115	Rhode Island Anti-Tuberculosis Association,.....	311
Pittsfield (Mass.) Anti-Tuberculosis Association,.....	268	Rhode Island State Sanatorium,..	127
Plainfield (N. J.) Society for the Prevention and Relief of Tuberculosis,.....	287	Richmond (Va.) Tuberculosis Institute,.....	217
Pokegama Sanatorium (Minn.),...	66	River Pines Cottage Sanatorium (Wis.),.....	137
Portland (Oregon) Open-Air Sanatorium for the Treatment of Pulmonary Diseases, The,..	112	Riverside Sanatorium for Pulmonary Diseases (N. Y.),.....	91
Portland (Maine) Tuberculosis Class,.....	223	Robinson Sanatorium, The (Colo.),	20
Porto Rico:		Rochester Public Health Association (N. Y.),.....	295
Sanatoria,.....	123	Rochester State Insane Hospital (N. Y.),.....	157
Associations,.....	311	Rockwood Tuberculosis Sanatorium (Ind.),.....	36
Portuguese League for Assistance to Consumptives (New Bedford, Mass.),.....	267	Rome (N. Y.) Committee of the State Charities Aid Association,.....	296
Pottenger Sanatorium for Diseases of the Lungs and Throat, The (Cal.),.....	9	Rome (N. Y.) Dispensary for Pulmonary Diseases,.....	197
Presbyterian Hospital, Tuberculosis Class (Pa.),.....	230-231	Rome State Custodial Asylum for Feeble-Minded (N. Y.),....	157
Presbyterian Hospital, Tuberculosis Clinic (N. Y.),.....	194	Rumenapp Cottage, The (N. Y.),..	101
Prison Camp and Hospital (Mass.),	166	Rush Hospital (Pa.),.....	119
Prison Tuberculosis Hospital (Manila, P. I.),.....	169	Rutland Cottages (Mass.),.....	59
Provincial Sanatorium (Canada), ..	140		
Public Health and Marine Hospital Service Sanatorium (N. M.),.....	77	St. Ann's Sanatorium (Ill.),.....	32
Pulmonary Hospital of the City of Seattle, The (Wash.),.....	135	St. Anthony's Sanatorium (N. M.),	76

INDEX

St. George's Tuberculosis Class (N. Y.),.....	229	and Prevention of Tuberculosis (Cal.),.....	241
St. Joseph's Hospital Annex (R. I.),.....	124	Sanitary League of Yonkers, The (N. Y.),.....	299
St. Joseph's Hospital (Ariz.),.....	5	Saranac Lake (N. Y.) Society for the Control of Tuberculosis, 296	
St. Joseph's Hospital for Consumptives (N. Y. C.),.....	91	Schenectady (N. Y.) Red Cross Day Camp,.....	101
St. Joseph's Sanatorium (Albuquerque, N. M.),.....	76	Schenectady (N. Y.) Committee on the Prevention of Tuberculosis of the State Charities Aid Association,.....	297
St. Joseph's Sanatorium (Silver City, N. M.),.....	79	Schuykill County (Pa.) Branch of the Pennsylvania Society for the Prevention of Tuberculosis,.....	308
St. Lawrence State Insane Hospital (N. Y.),.....	156	Scranton (Pa.) Society for the Prevention and Cure of Consumption,.....	309
St. Louis (Mo.) Society for the Relief and Prevention of Tuberculosis,.....	279	Sea Breeze Hospital (N. Y.),.....	95
St. Louis (Mo.) Female Hospital, 69		Sea View Hospital (N. Y.),.....	92
St. Luke's Home (Ariz.),.....	5	Seton Hospital (N. Y.),.....	93
St. Mary's Hospital (Ariz.),.....	6	Settlement, The (Cal.),.....	10
St. Monica's Home (Mass.),.....	54	Sharon Sanatorium, The (Mass.),..	60
St. Paul (Minn.) Committee on the Prevention of Tuberculosis, 276		Shreveport Branch of the Louisiana Anti-Tuberculosis League (La.),.....	255
St. Paul (Minn.) Tuberculosis Camp,.....	67	Sisters' Hospital, Hotel Dieu (Texas),.....	130
St. Peter's Hospital (N. Y.),.....	95	Smithville (Tenn.) Anti-Tuberculosis League,.....	315
St. Peter's State Insane Hospital (Minn.),.....	153	Snohomish County (Wash.) Association for the Study and Prevention of Tuberculosis, 317	
St. Rochus Hospital (Ind.),.....	37	Society for the Relief and Control of Tuberculosis in Pawtucket (R. I.) and Vicinity,...	313
St. Stephen's Tuberculosis Class (Pa.),.....	231	South Bend Anti-Tuberculosis League (Ind.),.....	252
St. Vincent Sanatorium and Hospital (N. M.),.....	78	South Carolina:	
Salem (Mass.) Tuberculosis Class, 227		Sanatoria,.....	128
San Angelo Heights Sanatorium (Texas),.....	131	Penal Institutions,.....	169
San Antonio (Texas) Tent Colony, 132		Legislation,.....	403
Sanatoria, Hospitals and Day Camps for the Treatment of Tuberculosis in the United States and Canada,.....	2-143	South Carolina Penitentiary, The, 169	
Sanatoria, Chart of,.....	<i>Facing</i> 449	South Dakota:	
Sanatorium Gabriels (N. Y.),.....	86	Legislation,.....	403
Sanatorium Laws,.....	425-436	South End Dispensary Clinic for Pulmonary Diseases (Albany, N. Y.),.....	189
Massachusetts,.....	426-428	South Kingstown Health League (R. I.),.....	314
Michigan,.....	429-434	South Side Dispensary (Northwestern University Medical School) (Ill.),.....	178
Ohio,.....	434-436		
Sanatoria, Table of,.....	446-447		
Sanatorium of the Jewish Consumptives' Relief Society (Colorado),.....	21		
San Diego (Cal.) Society for the Study and Prevention of Tuberculosis,.....	241		
San Francisco Society for the Study			

INDEX

Southern California State Insane Hospital, Cal.	147	State Sanatorium R. I.	127
Southern Pines Sanatorium (N. C.),	107	State Sanatorium W. Va.	133
Southwestern Presbyterian Sanatorium N. M.	75	State Tuberculosis Dispensaries Pa.	202-226
Special Dispensary for Pulmonary Tuberculosis of the New York Post-Graduate Medical School and Hospital.	194	State Tuberculosis Hospital Ind.	36
Specin Ridge Hospital, N. Y.	123	State Tuberculosis Sanatorium of Wisconsin.	136
Springfield, Mass. Association for the Prevention of Tuberculosis, The.	268	Stock Yards Dispensary, Bureau of Charities, Ill.	173
Springside Sanatorium (Mass.)	59	Stony Wood Sanatorium, N. Y.	36
Standing Committee on Tuberculosis of the Medical Association of the State of Alabama.	239	Suburban Tuberculosis Class, Mass.	225
Starmount Sanatorium (Md.)	43	Summit (N. J.) Committee for the Prevention and Relief of Tuberculosis.	287
State Almshouse, Tuberculosis Hospital, R. I.	125	Sunlight Sanatorium, The (Colo.)	20
State Asylum for Chronic Insane (Pa.)	153	Sunlight Sanatorium (Neb.)	70
State Commission (Conn.)	243	Summit Sanatorium (N. M.)	70
State Commission (Mass.)	259	Sunny Crest Bungalows, Texas.	132
State Commission on Hospitals for Consumption (Mass.)	50	Sunnyrest Sanatorium (Pa.)	123
State Hospital (Tewksbury, Mass.)	61	Sunset Rock (N. Y.)	34
State Hospital for the Insane (Norristown, Pa.)	153	Sunshine Home and Sanatorium (Fla.)	30
State Hospital for the Insane (Warren, Pa.)	153-159	Swedish American Sanatorium (Colo.)	22
State Hospital for the Insane (R. I.)	159	Swedish Consumptives' Sanatorium, The.	22
State Hospital for the Treatment of Incipient Pulmonary Tuberculosis (N. Y.)	81	Table of Sanatoria.	446-447
State Insane Hospital (Miss.)	153	Table Showing Associations for the Prevention of Tuberculosis, etc.	445-448
State Sanatorium (Conn.)	23	Table Showing Dispensaries, Clinics, etc.	445
State Sanatorium for Consumption (Minn.)	64	Table Showing Hospitals, Sanatoria, Day Camps, etc.	446-447
State Sanatorium for Tuberculosis (N. H.)	71	Tennessee:	
State Sanatorium for the Treatment of Tuberculosis (Iowa),	38	Sanatoria.	123
State Sanatorium (Ky.)	40	Associations.	314-315
State Sanatorium (Md.)	44	Legislation.	403
State Sanatoria, Three (Mass.)	50	Municipal Legislation.	403-405
State Sanatorium (Mass.)	49	Texas:	
State Sanatorium (Mich.)	62	Sanatoria.	129-132
State Sanatorium (Mo.)	67	Legislation.	405
State Sanatorium (N. J.)	72	Municipal Legislation.	405-406
State Sanatorium (N. C.)	103	Texas Sanatorium for Tuberculosis.	131
State Sanatorium (Ohio)	108	Thalian Tuberculosis Dispensary (Toledo, O.)	201
State Sanatorium (Pa.)	113	Thermal Belt Sanatorium, The (N. C.)	108
		Thomas Hospital, The (Minneapolis, Minn.)	66
		Throat and Chest Clinic of the Cen-	

INDEX

tral Dispensary (District of Columbia),.....	175	Tuberculosis Clinic of the Georgetown University Hospital (D. C.),.....	176
Toronto Free Hospital for Consumption (Canada),.....	142	Tuberculosis Clinic of the German Hospital and Dispensary (N. Y. City),.....	192
Tranquille Sanatorium (Kamloops, Canada),.....	139	Tuberculosis Clinic of the Gouverneur Hospital Dispensary (N. Y. City),.....	193
Trenton (N. J.) Association for the Prevention and Relief of Tuberculosis,.....	288	Tuberculosis Clinic of the Harlem Hospital (N. Y. City),.....	193
Tri-city Anti-Tuberculosis Association (Ill. and Iowa),.....	251	Tuberculosis Clinic of the Hartford (Conn.) Dispensary,.....	174
Trinity Church Class (Buffalo, N. Y.),.....	228	Tuberculosis Clinic of the Homeopathic Hospital (District of Columbia),.....	176
Troy Tuberculosis Class (N. Y.),..	230	Tuberculosis Clinic of the Lynn (Mass.) Association for the Relief and Control of Tuberculosis,.....	185
Tuberculosis Annex of the City Hospital (St. Louis),.....	70	Tuberculosis Clinic of the Massachusetts General Hospital (Boston),.....	183
Tuberculosis Camp of the Louisiana Anti - Tuberculosis League,.....	43	Tuberculosis Clinic of the Memorial Hospital (Orange, N. J.),..	189
Tuberculosis Classes in the United States,.....	222-231	Tuberculosis Clinic of Mt. Sinai Hospital Dispensary (N. Y. City),.....	193
Tuberculosis Classes of Brooklyn Associated Charities,....	229-230	Tuberculosis Clinic of the Mt. Sinai Hospital (Boston, Mass.),..	183
Tuberculosis Class of the Brockton (Mass.) Anti-Tuberculosis Society,.....	225-226	Tuberculosis Clinic of the Newark (N. J.) City Dispensary,....	188
Tuberculosis Class of the Church of the Crucifixion,.....	231	Tuberculosis Clinic of the New Haven Dispensary (Conn.),	174
Tuberculosis Class of the Montclair (N. J.) Committee for the Relief and Prevention of Tuberculosis,.....	227	Tuberculosis Clinic of New York Dispensary,.....	194
Tuberculosis Class of the German-town Hospital (Philadelphia),.....	231	Tuberculosis Clinic of New York Hospital,.....	193
Tuberculosis Class of the Lynn (Mass.) Association for the Relief and Control of Tuberculosis,.....	226	Tuberculosis Clinic of New York Throat, Nose and Lung Hospital,.....	195
Tuberculosis Class of the Church of the Covenant (District of Columbia),.....	223	Tuberculosis Clinic of St. Luke's Hospital (Baltimore, Md.),..	181
Tuberculosis Clinic of the Casualty Hospital (D. C.),.....	175	Tuberculosis Clinic of the St. Paul Dispensary (Minn.),.....	188
Tuberculosis Clinic of the City Hospital (Oklahoma),.....	202	Tuberculosis Clinic, Toronto General Hospital,.....	219
Tuberculosis Clinic of the City of Syracuse (N. Y.),.....	198	Tuberculosis Clinic of the Utica (N. Y.) Dispensary,.....	198
Tuberculosis Clinic of the Chelsea Anti-Tuberculosis Association (Mass.),.....	184	Tuberculosis Clinic of the Worcester City Hospital (Mass.),..	185
Tuberculosis Clinic of the Dispensary of the University of Pennsylvania Hospital,.....	212	Tuberculosis Committee of Associated Charities (Salem, Mass.),.....	268

INDEX

Tuberculosis Committee of Charity Organization Society (Buffalo, New York),.....	291	Associations in the United States,.....	323-344
Tuberculosis Committee of the Philippine Islands,.....	310	Typical Laws,.....	415-442
Tuberculosis Commission of the Medical Society of Milwaukee County (Wis.),.....	318	Undercliff Sanatorium, The (Conn.),.....	24
Tuberculosis Cottages (Fall River, Mass.),.....	56	Union Printers' Home (Colo.),....	15
Tuberculosis Department, Boston Dispensary (Mass.),.....	181	United States:	
Tuberculosis Department, Indianapolis City Dispensary (Ind.),.....	179	Legislation,.....	413
Tuberculosis Dispensary of the Associated Charities (Malden, Mass.),.....	185	United States Army General Hospital (N. M.),.....	77
Tuberculosis Dispensary of the Charity Organization Society (Buffalo, N. Y.), ...	189	United States Naval Hospital (Colo.),.....	23
Tuberculosis Dispensary of Cincinnati (Ohio) Health Department,	199	United States Penitentiary Hospital (Ga.),.....	164
Tuberculosis Dispensary of Cleveland (Ohio),.....	200	University Free Dispensary (Minn.)	187
Tuberculosis Free Bed Fund Association of Cheney Brothers (Conn.),.....	246	University Hospital, University of Colorado,.....	12
Tuberculosis Hospital (Ky.),.....	41	Upper Peninsular Association for the Prevention and Cure of Infectious and Contagious Diseases (Mich.),.....	270
Tuberculosis Hospital of Pittsburg, The (Pa.),.....	119	Utah:	
Tuberculosis Hospital of the Board of Health (Detroit, Mich.),	63	Legislation,.....	406-407
Tuberculosis Hospital of the District of Columbia,.....	28	Utica (N. Y.) Tuberculosis Committee of the State Charities Aid Association,	298
Tuberculosis Infirmary (N. Y.),...	94	Vanderbilt Clinic, Tuberculosis Department (N. Y.),.....	194
Tuberculosis League of Pittsburg (Pa.),.....	307	Vermont:	
Tuberculosis League of Pittsburg's Dispensary,.....	212	Sanatoria,.....	133
Tuberculosis League of Lynchburg (Va.),.....	316	Hospitals for the Insane,	159
Tuberculosis Relief Committee of Troy (N. Y.),.....	298	Associations,.....	315
Tuberculosis Relief Society of New Britain (Conn.),.....	245	Legislation,.....	407
Tuberculosis Relief Station (N. Y.),	198	Vermont Sanatorium,.....	133
Tuberculosis Sanatorium of the Cleveland City Hospital (Ohio),.....	110	Vermont State Anti-Tuberculosis Society, The,.....	315
Tuberculosis Society of Dayton, The (Ohio),.....	303	Vermont State Hospital for the Insane,.....	159
Typical Forms of Organization of		Vineland (N. J.) Anti-Tuberculosis Association,.....	288
		Virginia:	
		Sanatoria,.....	133-134
		Hospitals for the Insane, ..	159-160
		Penal Institutions,.....	169
		Dispensaries,.....	216
		Associations,.....	316
		Legislation,.....	408
		Municipal Legislation,....	408-409
		Virginia Sanatorium for Consumptives,.....	134

INDEX

Walker's Sanatorium, Dr. (Cal.),...	11	Willard State Hospital (Insane)	
Walpole (Mass.) Association for		(N. Y.),.....	157
the Relief and Control of		Wilmington (Del.) Free Dispen-	
Tuberculosis,.....	269	sary,.....	175
Waltham (Mass.) Anti-Tubercu-		Winchester Tuberculosis Class	
losis Association,.....	269	(Mass.),.....	227
Washburn Free Dispensary, Tubercu-		Winnfield (La.) Anti-Tuberculosis	
losis Clinic (Mass.),.....	186	League,.....	256
Washington:		Winona (Minn.) Association for	
Sanatoria,.....	135	the Relief and Prevention	
Association,.....	317	of Tuberculosis,.....	276
Legislation,.....	409	Winyah Sanatorium, The (N. C.),	105
Municipal Legislation,....	409-410	Wisconsin:	
Washington Association for the		Sanatoria.....	136-137
Prevention and Relief of Tu-		Dispensaries,.....	218
berculosis, The,.....	317	Associations,.....	318
Washington County Branch of the		Legislation,.....	411
Maryland Association for		Municipal Legislation,....	412-413
the Prevention and Relief of		Notification Laws,.....	422-425
Tuberculosis (Md.),.....	258	Wisconsin Society for the Study and	
Washington (D. C.) Red Cross Day		Prevention of Tuberculosis,	318
Camp,.....	28	Wisconsin State Tuberculosis Sana-	
Waterbury (Conn.) Anti-Tubercu-		torium,.....	136
losis League,.....	246	Woburn Anti-Tuberculosis Camp	
Waterloo (N. Y.) Committee on		(Mass.),.....	62
the Prevention of Tubercu-		Wolfville (N. S.) Highlands Sana-	
losis,.....	299	torium,.....	143
Wayne County (Ind.) Anti-Tubercu-		Woodbury (N. J.) Tuberculosis	
losis Society, The,.....	252	Committee,.....	288
Wayne County (Mich.) Tent Hos-		Woonsocket (R. I.) Anti-Tuber-	
pital,.....	63	culosis Association,.....	314
Westborough (Mass.) Insane Hos-		Worcester (Mass.) Insane Hospital,	152
pital,.....	152	Worcester (Mass.) Tuberculosis	
Westchester County (N. Y.) Hospi-		Relief Association,.....	269
tal,.....	85	Wyoming:	
Western Tuberculosis Conference		Legislation,.....	413
(National),.....	238-239	Wyoming Valley Society for the	
West Mountain Sanatorium (Pa.),.	121	Prevention and Treatment	
West Side Dispensary (College of		of Tuberculosis, The (Pa.),.	309
Physicians and Surgeons)			
(Ill.),.....	178	Yonkers (N. Y.) Tuberculosis Dis-	
West Side Dispensary of the Jewish		pensary,.....	199
Aid Society (Ill.),.....	178	Yonkers (N. Y.) Sanitary League,.	299
West Virginia:		Young Folks' League for the Home	
Sanatoria,.....	135	Treatment of Tuberculosis,.	294
Legislation,.....	410	Youngstown (Ohio) Anti-Tubercu-	
Municipal Legislation,....	410-411	losis Society,.....	303
Wildwood Sanatorium (Conn.),..	24		

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